

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

BASIC INFORMATION

| | |
|--|---|
| Accident/Incident Location Nearest City/Place: <u>Bellingham Int'l Airport</u> State: <u>WA</u> ZIP: <u>98248</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | Accident/Incident Date/Time Date: <u>08/06/2015</u> Local Time: <u>1930</u> <i>mm/dd/yyyy</i> Time Zone: <u>PCT</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |
|--|---|

AIRCRAFT INFORMATION

| | |
|---|--|
| Registration Number: <u>N917AB</u> Manufacturer: <u>Cleveland</u> Model: <u>Nieuport 11</u> Serial Number: <u>#10</u> Year of Manufacture: <u>2003</u> Amateur-Built: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <input checked="" type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: <u>Graham Lee</u> | <input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>850</u> lbs Weight at Time of Accident/Incident: <u>700</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>0</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u> |
|---|--|

| Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input checked="" type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown | Standard | Special | <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input checked="" type="checkbox"/> Special Light-Sport | | <input checked="" type="checkbox"/> Experimental Light-Sport | Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown | Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
|--|--|----------|---------|---------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|---|--|--|--|--|
| Standard | Special | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Restricted | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility | <input checked="" type="checkbox"/> Special Light-Sport | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Experimental Light-Sport | | | | | | | | | | | | | | | | | | |

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. <i>mm/dd/yyyy</i> | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | VW | Type 1 - 2180cc | 134xxH | 2014 | 85 | 0 | 0 | 0 |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

| | | |
|---|--|--|
| Last Inspection Type <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>08/06/2015</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>346</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident Type of Maintenance Program (Select one) <input type="radio"/> Annual <input checked="" type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____ | Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Tennessee</u> Model: <u>Wood</u> Propeller 2 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>N/A</u> Model: <u>N/A</u> ELT Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown | Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: <u>Transponder, VHF Radio</u> |
|---|--|--|

| OWNER/OPERATOR INFORMATION | | | |
|---|--|--|--|
| Registered Aircraft Owner Name: <u>Alvin K. Jasper</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No | | City: <u>Ferndale</u> State: <u>WA</u> ZIP: <u>98248</u> Country: <u>USA</u> | |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: <u>Private</u> Air Carrier/Operator Designator (4 Character Code): _____ | | <input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____ | |
| Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft | Regulation Flight Conducted Under <input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input checked="" type="radio"/> Local <input type="radio"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic <input type="radio"/> International </div> </div> <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application <input type="radio"/> Aerial Observation <input type="radio"/> Air Drop <input type="radio"/> Air Race/Show <input type="radio"/> Banner Tow <input type="radio"/> Business <input type="radio"/> Executive/Corporate <input type="radio"/> External Load <input type="radio"/> Ferry </div> <div> <input type="radio"/> Firefighting <input type="radio"/> Flight Test <input type="radio"/> Glider Tow <input type="radio"/> Instructional <input type="radio"/> Other Work Use <input checked="" type="radio"/> Personal <input type="radio"/> Positioning <input type="radio"/> Skydiving </div> <div> <input type="radio"/> Unknown </div> </div> | |
| Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No | Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport) | | | |
| Airport Name: <u>Bellingham Int'l Airport</u> Airport Identifier: <u>KBLI</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A | | Distance From Airport Center: <u>.5</u> sm Direction From Airport: <u>SSW</u> degrees true Airport Elevation: <u>175</u> ft. msl | |
| Runway Information Runway ID: <u>R16</u> (L/R/C) Length: <u>6750</u> ft Width: <u>150</u> ft | | Condition of Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush-Covered </div> <div> <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation </div> <div> <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown </div> </div> | |
| Runway/Landing Surface <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt </div> <div> <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Ice </div> <div> <input type="checkbox"/> Macadam <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Snow </div> <div> <input type="checkbox"/> Water <input type="checkbox"/> Unknown </div> </div> | | | |
| Approach/Departure Segment (Select one) | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> Taxi <input type="radio"/> Takeoff <input type="radio"/> Initial Climb </div> <div style="width: 50%;"> <input type="radio"/> VFR Departure <input type="radio"/> IFR Departure Procedure/Clearance </div> <div style="width: 50%;"> <input type="radio"/> On Instrument Approach <input type="radio"/> Landing </div> <div style="width: 50%;"> <input type="radio"/> Downwind <input type="radio"/> Base <input type="radio"/> Final <input checked="" type="radio"/> Crosswind </div> <div style="width: 50%;"> <input type="radio"/> Low Approach <input type="radio"/> Go Around <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown </div> </div> | | | |
| IFR Approach <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ADF/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN </div> <div> <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV </div> <div> <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling </div> <div> <input type="checkbox"/> Practice <input type="checkbox"/> GPS <input type="checkbox"/> Unknown </div> </div> | | VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop </div> <div> <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input checked="" type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown </div> </div> | |

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**
☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No
"Flight Crewmember 1" IdentificationFirst Name: AlvinCity of Residence: [REDACTED]Middle Initial: KState: WA ZIP: 98248Last Name: JasperCountry: USAAge at time of Accident/Incident: 69 Date of Birth: [REDACTED] 1946 mm/dd/yyyyCertificate Number: [REDACTED]

| Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious | Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input checked="" type="radio"/> Single | Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
|--|---|--|--|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Available | Used | | | | | | | | | | | | | | | | |
| <input type="radio"/> None | <input type="radio"/> None | | | | | | | | | | | | | | | | |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only | | | | | | | | | | | | | | | | |
| <input type="radio"/> 3-point | <input type="radio"/> 3-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> 4-point | <input type="radio"/> 4-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | | | | | | | | | | | | | | |
| Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input checked="" type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer | | | | | | | | | | | | | | | | | |
| Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown | Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input checked="" type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown | Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A <input type="radio"/> Special Issuance | Date of Last Medical <u>2011 - 012</u> mm/dd/yyyy | | | | | | | | | | | | | | |

Medical Certificate Limitations

Contact Lenses

Medical Certificate Special Issuance
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/09/2015
 mm/dd/yyyy
Flight Review AircraftMake: AroncaModel: Champ

| | | | |
|--|--|---|---|
| Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea | Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input checked="" type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport |
|--|--|---|---|

Type Ratings
 Military - Chipmunk, C-45, Tracker, T-33, Jet Ranger, Sea King, DC3
 Civilian - Jet Ranger, BO105, BO117, A-Star, Twin Star, EC120
Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
| | | | | | | Actual | Simulated | | | |
| Total Time | 10,000 | 135 | 2,500 | 2,500 | 1,500 | 1,000 | 1,500 | 6,000 | 0 | 0 |
| Pilot in Command (PIC) | 7,500 | 135 | 2,000 | 2,200 | 1,200 | 950 | 800 | 5,700 | 0 | 0 |
| Time as Instructor | 1,500 | 0 | 25 | 500 | 100 | 100 | 500 | 200 | 0 | 0 |
| This Make/Model | | | | | 0 | 0 | 0 | | | |
| Last 90 Days | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Last 30 Days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Last 24 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|--|------------------------|--|---|---|-----------|---|--------|------------------|---|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| "Flight Crewmember 2" Identification <div style="display: flex; justify-content: space-between;"> <div> First Name: _____ Middle Initial: _____ Last Name: _____ </div> <div> City of Residence: _____ State: _____ ZIP: _____ Country: _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Age at time of Accident/Incident: _____ Date of Birth: _____ <i>mm/dd/yyyy</i> Certificate Number: _____ </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious | | Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input checked="" type="radio"/> Single | | | Restraint Type <div style="display: flex; justify-content: space-between;"> <div> Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div> Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | | Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pilot Certificate(s) <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div> | | | | | Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A <input type="radio"/> Special Issuance | | | Date of Last Medical _____ <i>mm/dd/yyyy</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input checked="" type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Certificate Limitations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Certificate Special Issuance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i> | | | | | Flight Review Aircraft Make: _____ Model: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea | | Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | | Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | | Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Ratings | | | | | | Student Endorsements <i>(Include dates)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | | | | | | | | | | | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | | | | | | | | | | | Pilot in Command (PIC) | | | | | | | | | | | Time as Instructor | | | | | | | | | | | This Make/Model | | | | | | | | | | | Last 90 Days | | | | | | | | | | | Last 30 Days | | | | | | | | | | | Last 24 Hours | | | | | | | | | | |
| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Actual | Simulated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Make/Model | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information) | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|---|
| Crew Name and Address | | | | | Seat Occupied | | Injury | | |
| First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | | | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown | | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | | |
| Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div> | | | | | Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | |
| Crew Name and Address | | | | | Seat Occupied | | Injury | | |
| First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | | | | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown | | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | | |
| Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div> | | | | | Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | | |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) | | | | | | | | | |
| Name and Address | | | | Seat | Injury | Restraint Type | | Inflatable Restraints | Age |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> | | | | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> | | | | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> | | | | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other </div> | | | | <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____ | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> <div style="flex: 1;"> Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown </div> </div> | | <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown |

| FLIGHT ITINERARY INFORMATION | | | | |
|---|--|---|---|---|
| Last Departure Point Airport ID: <u>KBLI</u> City: <u>Bellingham</u> State: <u>WA</u> Country: <u>USA</u> | | Time of Departure Time: <u>1930L</u> Time Zone: <u>PCT</u> | | Destination Airport ID: <u>KBLI</u> City: _____ State: _____ Country: _____ |
| Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown | | | | |
| Type of ATC Clearance/Service (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Special VFR</div> <div style="width: 25%;"><input type="checkbox"/> Special IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 25%;"><input type="checkbox"/> Cruise</div> <div style="width: 25%;"><input type="checkbox"/> VFR</div> <div style="width: 25%;"><input type="checkbox"/> IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 25%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 25%;"><input type="checkbox"/> Unknown / NA</div> </div> | | | | |
| Airspace where the accident/incident occurred (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Class A</div> <div style="width: 25%;"><input type="checkbox"/> Class G</div> <div style="width: 25%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 25%;"><input type="checkbox"/> Special</div> <div style="width: 25%;"><input type="checkbox"/> Class B</div> <div style="width: 25%;"><input type="checkbox"/> Demo Area</div> <div style="width: 25%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 25%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 25%;"><input checked="" type="checkbox"/> Class C</div> <div style="width: 25%;"><input type="checkbox"/> Warning Area</div> <div style="width: 25%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> Class D</div> <div style="width: 25%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 25%;"><input type="checkbox"/> TRSA</div> <div style="width: 25%;"><input type="checkbox"/> Class E</div> <div style="width: 25%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 25%;"><input type="checkbox"/> FAR 93</div> </div> | | | | Altitude of In-Flight Occurrence: <u>800</u> ft msl |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE | | | | |
| Source of Pilot Weather Information (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> National Weather Service</div> <div style="width: 50%;"><input type="checkbox"/> Company</div> <div style="width: 50%;"><input type="checkbox"/> Flight Service Station</div> <div style="width: 50%;"><input type="checkbox"/> Military</div> <div style="width: 50%;"><input type="checkbox"/> TV/Radio</div> <div style="width: 50%;"><input type="checkbox"/> Internet</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Automated Report</div> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Commercial Weather Service (DUATS)</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> <div style="width: 50%;"><input type="checkbox"/> On-Board Weather</div> </div> | | | Weather Observation Facility Facility ID: <u>KBLI</u> Observation Time: <u>1917L</u> Time Zone: <u>PCT</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>0</u> degrees true | |
| Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown | | Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night | | |
| Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl | | Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl | | Temperature: <u>22</u> (C) or _____ (F) Dew Point: <u>09</u> (C) or _____ (F) Altimeter Setting: <u>3005</u> in. Hg or _____ MB |
| Wind Direction <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true | Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts | Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts | Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft | |
| Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown | | Type of Precipitation (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input checked="" type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Rain</div> <div style="width: 25%;"><input type="checkbox"/> Rain</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Snow Shower</div> <div style="width: 25%;"><input type="checkbox"/> Snow</div> <div style="width: 25%;"><input type="checkbox"/> Snow Pellets</div> <div style="width: 25%;"><input type="checkbox"/> Ice Pellets Shower</div> <div style="width: 25%;"><input type="checkbox"/> Hail</div> <div style="width: 25%;"><input type="checkbox"/> Snow Grains</div> <div style="width: 25%;"><input type="checkbox"/> Freezing Drizzle</div> <div style="width: 25%;"><input type="checkbox"/> Rain Showers</div> <div style="width: 25%;"><input type="checkbox"/> Ice Crystals</div> </div> | | Restriction to Visibility (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Dust</div> <div style="width: 50%;"><input type="checkbox"/> Ground Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Sand</div> <div style="width: 50%;"><input type="checkbox"/> Haze</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Snow</div> <div style="width: 50%;"><input type="checkbox"/> Ice Fog</div> <div style="width: 50%;"><input type="checkbox"/> Blowing Spray</div> <div style="width: 50%;"><input type="checkbox"/> Smoke</div> <div style="width: 50%;"><input type="checkbox"/> Dust</div> <div style="width: 50%;"><input type="checkbox"/> Unknown</div> </div> |
| Icing Forecast <div style="display: flex;"> <div style="width: 50%;"> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown </div> <div style="width: 50%;"> Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div> | | Icing Actual <div style="display: flex;"> <div style="width: 50%;"> Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown </div> <div style="width: 50%;"> Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown </div> </div> | | Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme |
| NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: <u>Flow Control at SEA Sfc 8000 till 0300Z</u> | | | | |

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☒ Substantial
☐ Minor ☐ Destroyed
☐ ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

No Property damage.

Heavy impact and a/c summer-salted immediately after impact landing upside down.

MLG, Engine/propeller impacted ground, fire wall damaged, tail section crushed, suspect major wing damage all four wings.

NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Flight following replacement of engine, MLG, wing damage and Annual Inspection. Aircraft engine had zero flight time however had five test runs including initial run, test run, oil change, test run for break-in, engine run for linkage and tuning, test run for taxi test, and high speed run on runway for aircraft ground control to lift off speed. All tests were completed satisfactory as expected, and by or under the supervision of A.I. mechanic and VW engine specialist. Tower was informed prior to T/O that flight would be conducted in pattern above circuit altitude within glide distance of runway conducting engine and flight control checks.

T/O was on R16 as requested. T/O was normal with great acceleration compared to old engine, a/c accelerated to lift-off speed(60mph) with full power of 3400 rpm as expected. Airborne above runway the controls checked normal, climb was much greater than with old engine and was checked at 60/55/50mph to 500 feet and climb continued at 55mph to 700 feet. Tower then requested I move off to right to clear for P51 departure. I started the turn to right and continued the climb for a close-in circuit pattern on R16 at 1500-2000. In the turn I noted the engine rpm was now at 3200 and slowly decreasing although full power was still applied. I monitored the RPM for a few seconds and noted it was still dropping, but there was no unusual sound from engine, no rough running and the engine seemed to be operating normally. There was just no response to the throttle setting. I considered reducing the throttle, but chose not to for fear of reducing the power even quicker than it was going down. Things were happening very quickly and I was getting very close to the ground to be looking into the cockpit. I advised the tower I was having engine problems and requested an immediate return to runway. I was cleared to land R34 immediately. With RPM continuing to decrease, I advised tower I could not make R34 and was heading directly for the old R02 button. I seem to remember the RPM decreasing through 3000, 2500 and approaching 2000 which was our rpm setting for a 60mph power-on or power-off approach. I was not sure at all if I could make the old runway clearing and just then three trees popped up from below my nose. I immediately banked to knife-edge between two of them and to my surprise I made it and continued to the clearing ahead. Next was the airport perimeter fence which looked to me like I was not going to clear. I raised the nose to 50mph and continued my approach knowing I would hit the fence or short of the runway surface on the up-slope to the runway. I cleared the fence or felt nothing until the immediate ground contact, no bounce and aircraft flipping forward to an upside down position on the ground. I didn't feel like I was hurt as I started to attempt to lift the aircraft off me and scramble out from under it. Fuel was leaking on me so I turned off the ignition and immediately crawled out from under and away from the aircraft. There was no one around so I looked at myself and noted I had blood all over the front of my flight suit and my left glove which I was holding to my chest because of pain was covered in blood and was dripping down the front of me. I reach a position in the clearing and looked toward R16 to see if rescue vehicle was visible. After a minute or so, I saw them and waved to get their attention, which I did. They came and immediately took control of the accident site. I advised them that there was a fuel leak from the filler cap and that I thought I was not significantly injured. Medic One continued with my medical response while rescue crew looked after the aircraft. My flying partners called my cell phone which rescue answered and I asked them to advise them of the accident and to contact my hangar partner about looking after the aircraft. Next, I was secured on a back board, into the ambulance, ride to hospital and final medical treatment.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

Aircraft/engine inspection to try to determine the reason for the power reduction.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Not known.

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

8.5 Gallons

Fuel Type

☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☒ Automotive

Other Services, if Any, Prior to Departure

No services received from airport. The 90 octane, ethynol-free automotive fuel was supplied by ourselves from local supplier.

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Aircraft was upside down on top of pilot in open cockpit. Released seat belt, fell to ground on head and shoulder, wiggled out from under the aircraft, turned off the ignition because of leaking fuel, and walked clear of the aircraft.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

NONE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

08/11/2015

mm/dd/yyyy

Name of Pilot/Operator: Alvin K

Signature: _____

- or - ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ N/A

Title: _____

Signature: _____

- or - ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

WPR15LA235

Reviewed by NTSB Regional Office

WPR- San Dimas

Name of Investigator

Patrick Jones

Date Report Received