## 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 INFORMA	TION										
Accident/Incident Loc	ation					ccident/Incid	ent Date/T	ime			
Nearest City/Place: Pangvitch State: UT						Date: 06/24/20/8 Local Time: 1532					
ZIP: 84759 Country: USA						mm/da	Vyyyy		our rime.	MOT	_
Latitude: N 37, 824737 Longitude: W 112, 436644					4			Tii	me Zone: _	1.10	
(Enter in decimal degrees or degrees:minutes:seconds)					C	ollision with	Other Airo	eraft: C	) Midair	On-groun	nd None
AIRCRAFT INFO	RMATIO	V	444								
Registration Number:						☐ IFR-Equip					
Manufacturer: Johl	ier Sai	lplanes				☐ Commercia ☐ Unmanned		ght			
						Maximum Gr		. /	323	lbs	-
Model: VSIC Serial Number: Ø	14					Weight at Tim					lbs
Year of Manufacture:	2014					Number of Sea					
Amateur-Built: OYes		Kit/Plans Ma	ke:			Cabin Crew Seat				r Seats:	Ø
● No		Original Design				Number of En			staine		7
Category of Aircraft	Type of A	irworthiness Co	ertificate		Landing Gear		Santon I		e Type (Se		
O Airplane	(Check all to	hat apply)			(Check all that a	apply)		O Reci	procating	<b>O</b> Liqu	id Rocket
O Balloon O Blimp/Dirigible	Standard Norma	_1	eted			tractable		O Turb	oo Shaft		d Rocket rid Rocket
	Aeroba	atic  Limite	d		Tricycle	Ta Ta	nilwheel	Turb		O None	
O Gyroplane O Helicopter	☐ Balloo ☐ Comm	Bread.			☐ Amphibian ☐ Emergency I		igh Skid	O Turb		O Unk	nown
O Powered Lift	Transp	ort Experi	mental		Float	Float Sl		<b>O</b> Elect	tric		
ORocket OUltralight	☐ Utility		l Light-Spo		Hull	☐ SI	ci/Wheel	Fuel Sy	stem Type	(Reciprocat	ing)
OUnknown	Contificate	of Authorization	mental Ligh		Other Launc	h/Recovery Sys	tem	<b>O</b> Carb	uretor	O Fuel	-Injected
	None		Unknown	(COA)	None	U	nknown				
		T				Date	Rated Pow		Total		Since:
Engine Engine Manufa		Engine Model/Series			acturer's Number	of Mfg.  mm/dd/yyyy	O Horsep O lbs of		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1 M&D Flug	zeugbau	TJ-42		TJQ	1-12/922	11/16/2016	78		17	2	2
Eng. 2	J					' '					
Eng. 3										-	-
Eng. 4			Propelle	on 1	OFixed Pite	h	Prope	Hor 2		Fixed Pitch	
Last Inspection Type			Гторен	er i	OControllab		rrope	ner 2	_	Controllable	Pitch
	inuous Airwo ditional Inspec		77. 6	Ground Adjustable Ground Adjustable					ıstable		
Annual OUnk	nown			cturer:							
Date Last Inspection:	03/04	2018	Model:				Mode				
	mm/dd/yy	yy	ELT In	stalled:	OYes No	0	Additio		ipment (	Check all the	at apply)
Airframe Total Time: hours measured at (S	The state of the s	hrs	If Yes: ELT Ma	nufactur	er:		Airf	rame Para			
OLast Inspection	_	ccident/Incident	Model or				Ang Aut		ck Indicate	or	
Type of Maintenance l			TSO No.		(121.5 MHz) <b>O</b> C	91a (121.5 MHz	Data Data	a Recorde			
Annual	Togram (Se	ieci one)			6 (406 MHz)		171		ght Bag or altifunction	Handheld D	evice
O Conditional (Amateur-l			100000000000000000000000000000000000000		ounted in aircraft' nnected to antenn	그 : [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Tito.		mary Fligh		
O Manufacturer's Inspect O Other Approved Inspec		(AATD)			e? OYes ONo	The second second second second	Han	dheld GP			
O Continuous Airworthin	_	(AAII)	If active	ated:				ds Up Dis oard Wea			
O Other, specify:			-		ocating Aircraft:	OYes ONo	Sate	llite Tracl	king Devic	e	
Description of Fire Ex	tinguishing	System		ctivated:				Warning	System ling Device	3	
None     Specify:			Indicate	reason:	☐ Impact Dama ☐ Fire Damage			er, Specif			
					☐ Battery Expir						
					Unknown						

OWNER/OPERATOR INFORMA	ATION		2.带条约4.价值的资金的价值	中心多位,并非常多等等进行各种			
Registered Aircraft Owner		City: Lafayet	te				
Name: Charles Gilles	pie	State: Co	ZIP: 80026				
Fractional Ownership Aircraft: O Yes			Country: USA	ZII			
Operator of Aircraft Same As Re	gistered Owner		Same Address as Registered Owner				
			City:				
Doing Business As:			State:				
Air Carrier/Operator Designator (4 Charact	Contract of the Contract of th		Country:				
	r						
Operating Certificates Held (Check all that apply)	Regulation Flight Condu	cted Under	Revenue Operation for FAF (Select one for each group)	R 121, 125, 129, 135			
None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Samplemental	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135	OFAR 415 OFAR 431 OFAR 435	1 O Non-Scheduled or Air Taxi O International				
□ Supplemental □ Air Cargo	OFAR 125 OFAR 137	OFAR 437					
☐ Foreign Air Carriers (FAR 129)	OFAR 91 Special Flight	- NO. 17,-	O Passenger O Cargo				
☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135)	O Non-US, Commercial		O Mail Contract Only				
On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial						
☐Commercial Air Tour (FAR 136) ☐Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)		Purpose of Flight for FAR 9 (Select one)	1, 103, 133, 137			
☐Pilot School (FAR 141) ☐Certificate of Authorization or Waiver (COA)	O Armed Forces			irefighting OUnknown			
Commercial Space Transportation	O Federal O State		O Aerial Observation OF	light Test			
Experimental Permit  Commercial Space Transportation License	O Local			ilider Tow estructional			
Other Operator of Large Aircraft	OUnknown			Other Work Use			
				ersonal ositioning			
Revenue Sightseeing Flight	Air Medical Flight		O External Load O Skydiving				
O Yes O No	O Yes O No		Oreny				
AIRBORT INFORMATION (511)	10-11-11-11-11-11-11-11-11-11-11-11-11-1						
AIRPORT INFORMATION (Fill in							
Airport Name: Panguitch Mun	icopal Airport	Dis	stance From Airport Center:	4 sm			
Airport Identifier: U55		Di	rection From Airport: SOU	th (est 175) degrees true			
Proximity to Airport: Off Airport/Airstri	p On Airport/Airstrip (	ON/A Air	rport Elevation:	6762 ft. msl			
Runway Information			ndition of Runway(Landing St	urface (Check all that apply)			
Runway ID: 18/36 (L/R/C) Length: 5	700 ft Width: 75		Ory Snow-Com Holes Snow-Crus				
Runway Landing Surface (Check all that	apply)	100000	ce Covered Snow-Dry	ted ☐ Water-Choppy ☐ Water-Glassy			
□ Asphalt     □ Grass/Turf     □ Maccondition     □ Concrete     □ Gravel     □ Meta	adam 🔲 Water		Rough Snow-Wet Rubber Deposits Soft	☐ Wet			
Dirt Ice Snow	2000		Rubber Deposits Soft Plush-Covered Vegetation	☐ Unknown			
Approach/Departure Segment (Select one	2						
OTaxi OVFR Departure		ument Approach	n ODownwind OLo	w Approach			
OTakeoff OIFR Departure Prod		шен Арргоасі		Around			
OInitial Climb				ported Landing (after touchdown)			
			Ocrosswind Our	known			
IFR Approach (Check all that apply)		VF	R Approach (Check all that app	dy)			
None			Vone				
□ADF/NDB □PAR	□MLS □Prac	The second secon	Traffic Pattern	☐ Stop and Go			
□SDF □Sidestep □VOR/TVOR □ILS	□LDA □GPS □ASR		Straight-In /alley/Terrain Following	☐ Touch and Go☐ Simulated Forced Landing			
■ VOR/DME ■ Localizer Only	□Visual		Go Around	Forced Landing			
□TACAN □LOC-back course □RNAV	Contact	₩ F	Full Stop Precautionary L				
LIKINAV	☐ Circling						

"FLIGHT CREWMEN	IBER 1" IN	FORMATIC	N							
"Flight Crewmember 1" Re	esponsibilities :  O Student Pilo			cident Check Pilot	OFlio	ht Engineer	Other	Flight Crew		
"Flight Crewmember 1" wa		Yes N			- 115	Linguicoi	• Outon	i light Ciew		
"Flight Crewmember 1" Id	entification									
First Name: Char	62			(	City of Re	esidence:	Lafa	1ette		
Middle Initial:				S	State:	Co		ZIP: 800	26	
Last Name: Gilles	pie				Country:	USA				
	Accident/Incid	lent: 5.5	Date of I		ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		ım/dd/yyyy			
			rtificate Nur	A SUPERIOR STATE OF THE STATE O						
Degree of Injury	Seat Occu		Attitionto Ivai		traint Ty				T (7 . 1) 7	
None O Fatal	O Left	O Front	O Unkno	avn.		•	¥ ********		Inflatable I	Kestraints
O Minor O Unknown	O Right	O Rear			Available O None		Used O None		Not Ins	talled
O Serious	O Center	Single			O Lap o		O Lap onl	у	Installe	d
Pilot Certificate(s) (Check a					O 3-poir		O 3-point O 4-point		Not De	
■ None ■ Flight ■ Private ■ Recrea	The state of the s	Commercial Airline Transpo	☐ US M	1000	<ul><li>4-poir</li><li>5-poir</li></ul>		O 5-point		Unknow	
Student Sport	and the same of th	Flight Engineer		git	O Unkn		O Unknow	vn		
D 10	M P 1 G 20									
	Medical Certif					tificate Va	20000000		Date of Las	st Medical
O Pilot Other		O Class 3 O Driver's Licer	se (Snort Pilo			nitations/wai tions/waiver		Inknown I/A	03/23/	1994
O Unknown		O Unknown	or (opon i no		special Issu				mm/dd/y	vyy
Medical Certificate Limitat	ions									
NA										
7.1										
Medical Certificate Special	Innerona									
W 2	issuance									
NA										
	0	7 1								
Date of Last Flight Review or Equivalent, Including	BFK 03/1	7/2017 Flight	Review Air	craft						
FAR 121/135 Checks:	FAA Wings	proj. Make:	Glaser							
	mm/dd/yyyy	Model:	DG 50	5 glide	_					
Airplane Rating(s)	Other Aircra	aft Rating(s)		ent Rating(s)		Instructo	r Rating(s)			
(Check all that apply)  None	(Check all that	apply)		ll that apply)		200000000000000000000000000000000000000	that apply)			
Single-Engine Land	■ None ■ Airship		None Airpla		- 1	None Airplan	e Single-Eng		Instrument Instrument	
Single-Engine Sea	☐ Balloon		☐ Helico	opter		☐ Airplan	e Multi-Engir	ne [	Helicopter	iencoptei
☐ Multiengine Land☐ Multiengine Sea	Glider Gyroplane		Power	red Lift		☐ Gyropla	ine		Glider	
- Waltengine out	Helicopter					☐ Powere	d Lift	L	Sport	
T. D.	Powered Li	ft				Nun un e				
Type Ratings						Student I	Endorsemer	its (Include	dates)	
NA						NA				
Flight Time (Enter appropriate	All	This Make	Airplane	Airplane		Inst	rument			
number of hours in each box)	Aircraft	& Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1276	387	202	Ø	4	1	14	Ø	1074	6
Pilot in Command (PIC)	1242	387	120	0	0	4	9	Ø	1121	Ø
Time as Instructor	P	Ø	Ø	Ø	9	0	Ø	Ø	0	0
This Make/Model					0	9	0			
Last 90 Days	54	54	4	4	P	Ø	ø	0	54	Ø
Last 30 Days	30	30	4	Ø Ø	9	Ø	9	Ø Ø	36	6
Last 24 Hours	Ø	9	9	0	Ø	9	4	0	Ø	0
				5						V

"FLIGHT CREWMEMBER 2" INFORM						The same		
	Flight Instru		Pilot OFlig	ht Engineer	OOther Fli	ght Crew		
"Flight Crewmember 2" was pilot flying Ye	es 🔲 No			-				
"Flight Crewmember 2" Identification								
First Name:			City of Re	sidence:		BA-MANINE STATE		
Middle Initial:			State:		ZIP	·:		
Last Name:			OMOTI NO					
Age at time of Accident/Incident:								
		icate Number:						
Degree of Injury Seat Occupied	- Cortin		Restraint T	vpe		Ir	nflatable Re	straints
O None O Fatal O Left O Minor O Unknown O Right O	Front Rear Single	OUnknown	Availab O None O Lap	le U	Jsed O None O Lap only		□ Not Insta	
Pilot Certificate(s) (Check all that apply)			O 3-po:	int	O 3-point		□ Not Depl	
□ None     □ Flight Instructor     □ Comm       □ Private     □ Recreational     □ Airlin       □ Student     □ Sport     □ Flight	e Transport	☐ US Military ☐ Foreign	O 4-poi O 5-poi O Unki	int	O 4-point O 5-point O Unknown		☐ Deployed ☐ Unknown	
Principal Occupation Medical Certificate			Medical Ce	rtificate Vali	dity	D	ate of Last	Medical
O Pilot O None O Clas		(C+ D)1		mitations/waive				
O Other		(Sport Pilot only)	O Special Iss	ations/waivers suance	O N/A	,	mm/dd/yyy	y
Medical Certificate Limitations								
M. H. J. C. Alfrada Co. alal James a								
Medical Certificate Special Issuance								
Date of Last Pliabt Paris	EP L. E				unauliina raii viina uusi			
Date of Last Flight Review or Equivalent, Including	Flight R	eview Aircraft						
FAR 121/135 Checks:		3.	200					
mm/dd/yyyy								
Airplane Rating(s) Other Aircraft Ra	42(-)	1						
(Charle all that combine (Charle all that and b)		Instrument Ra		Instructor ]	Rating(s)			
(Check all that upply) (Check all that apply)		Instrument Ra		(Check all the	Rating(s)	П	Instrument Ai	rnlane
□ None     □ None       □ Single-Engine Land     □ Airship		Instrument Ra (Check all that ap None Airplane		(Check all the None ☐ Airplane S	Rating(s) at apply) Single-Engine		Instrument Ai	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the None Airplane S	Rating(s)  at apply)  Single-Engine Multi-Engine		Instrument Ho Helicopter	rplane
□ None     □ None       □ Single-Engine Land     □ Airship		Instrument Ra (Check all that ap None Airplane		(Check all the None ☐ Airplane S	Rating(s)  at apply)  Single-Engine Multi-Engine		Instrument Ho	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the None ☐ Airplane S☐ Gyroplane	Rating(s)  at apply)  Single-Engine Multi-Engine		Instrument Ho Helicopter Glider	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter       □ Powered Lift		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the None ☐ Airplane S☐ Gyroplane	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter       □ Powered Lift		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter       □ Powered Lift		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter       □ Powered Lift		Instrument Ra (Check all that ap None Airplane Helicopter		(Check all the	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
□ None       □ None         □ Single-Engine Land       □ Airship         □ Single-Engine Sea       □ Balloon         □ Multiengine Land       □ Glider         □ Multiengine Sea       □ Gyroplane         □ Helicopter       □ Powered Lift		Instrument Ra (Check all that ap. None Airplane Helicopter Powered Lift		(Check all the	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane
None		Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane		Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine E		Instrument Ho Helicopter Glider Sport	rplane licopter Lighter Than Air
None	s Make	Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane	plane	Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift dorsements	(Include da	Instrument Ho Helicopter Glider Sport utes)	Lighter
None	s Make	Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane	plane	Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift dorsements	(Include da	Instrument Ho Helicopter Glider Sport utes)	Lighter
None	s Make	Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane	plane	Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift dorsements	(Include da	Instrument Ho Helicopter Glider Sport utes)	Lighter
None	s Make	Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane	plane	Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift dorsements	(Include da	Instrument Ho Helicopter Glider Sport utes)	Lighter
None	s Make	Instrument Ra (Check all that ap None Airplane Powered Lift  Airplane Single Airplane	plane	Check all the   None   Airplane   Airplane   Gyroplane   Powered   Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift dorsements	(Include da	Instrument Ho Helicopter Glider Sport utes)	Lighter

ADDITIONAL FLI	· // · / · / · / · / · / · / · / · / ·		EXCIDSIV	c or oabiii ore		the followin				
Crew Name and Add	Iress						Seat Occupie	d	Injury	
First Name:		_ City	of Reside	nce:			<b>Q</b> Left	OFront	O None	
Middle Initial:		Stat	State: ZIP:				O Center O Right	O Rear O Single	O Minor O Serious	
Last Name:		Cou	intry:			-	O ragin	OUnknown	O Fatal O Unknown	
Pilot Certificate(s)	Check all that apply)						Restraint Typ	oe:	Inflatable	
None	☐ Flight Instructor	□ Co	mmercial	□us	Military		Available O None	Used O None	Restraints	
☐ Private	Recreational		Airline Transport			O Lap Only	O Lap Only	☐ Not Installed		
☐ Student	☐ Sport	☐ Fli	ght Engine	er			O3-point	O 3-point	☐ Installed ☐ Not Deployed	
Type Rating/Endorsement for Total Flight Time at the Time					O4-point O5-point	O 4-point O 5-point	☐ Deployed			
Accident/Incident A		□ No		Accident/Inci		hrs	O Unknown	O Unknown	☐ Unknown	
Crew Name and Add	iress						Seat Occupie		Injury	
First Name:		City	of Reside	nce:			OLeft OCenter	O Front O Rear	O None O Minor	
Middle Initial:		Stat	te:	2	ZIP:		ORight	OSingle	O Serious	
Last Name:		Cou	intry:			-		OUnknown	O Fatal O Unknown	
Pilot Certificate(s)	Check all that apply)						Restraint Ty		Inflatable	
□ None	☐ Flight Instructor	2000	mmercial		Military		Available O None	O None	Restraints	
☐ Private	Recreational		line Transp		eign		O Lap Only	O Lap Only	☐ Not Installed☐ Installed☐	
☐ Student ☐ Sport ☐ Flight Engineer						O3-point O4-point	O 3-point O 4-point	☐ Not Deployed		
Type Rating/Endors			Total F	light Time a	t the Time		O 5-point	O 5-point	☐ Deployed	
Accident/Incident A				Accident/Inci			O Unknown	O Unknown	Unknown	
PASSENGER(S)	OTHER PERSO	RINICI	/1 11							
		MACE	(include d	abin crew; c	ontinue on s	eparate shee	t if necessary)	N/A		
Name and Address		ININEL	(include d	Seat	Injury	Restraint T		Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T	Type Used	Inflatable Restraints		
Name and Address First Name:	City :			Seat OLeft	Injury	Restraint T	Used O None O Lap Only	Inflatable Restraints  Not Installed	Age Under 5 years	
Name and Address  First Name:  Middle Initial:	City : State:	Z1P:		Seat OLeft OCenter ORight	O None O Minor O Serious	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	Under 5 years  If Under 5,	
Name and Address  First Name:  Middle Initial:  Last Name:	City : State: Country:	ZIP:		Seat  OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T Available O None O Lap Only	Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5,  O Child Restraint	
Name and Address  First Name:  Middle Initial:	City : State:	Z1P:		Seat OLeft OCenter ORight	O None O Minor O Serious	Restraint T  Available ONone OLap 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 Deployed Deployed Unknown	Under 5 years  If Under 5,	
Name and Address  First Name:  Middle Initial:  Last Name:	City: State: Country: OPassenger	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Not Installed   Installed   Not Deployed   Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	Under 5 years  If Under 5,  O Child Restraint O Lap-Held	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City : State: Country: OPassenger  City : State:	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	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 Not Deployed Deployed Unknown  Not Installed Installed Not Deployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5,	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial:	City : State: Country: OPassenger  City : State:	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew	City: State: Country: OPassenger  City: State: Country: OPassenger	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury  O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available Available ONone OLap Only O3-point O4-point O4-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 Unknown Used Used Used	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Deployed Deployed Deployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: Country: OPassenger	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	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 Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State:	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	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 OLap Only O3-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 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	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State:	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  O None O Minor 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 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 OLap Only O3-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 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 4-point O 4-point O 4-point O 4-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	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 OLap Only O3-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 Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, If Under 5 years If Under 5 years	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Last Name:  Last Name:  Last Name:  Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: OPassenger	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-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 Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Deployed Unknown  Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  OCrew  Crew	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: City: Country: Country: Country: Country: Country:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown	Injury  O None O Minor 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 T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only OLap Only OLap Only OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:  First Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: State: State: State: State: State: State:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-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 Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: State: State: State: State: State: State:	ZIP:	other	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point 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 Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	

FLIGHT ITINERARY	INFORMATION	1						armos de la proposición de la companya del companya del companya de la companya d
Last Departure Point Airport ID: 149 City: Paroway State: UT Country: USA Type of ATC Clearance/Set	Time Time	e of Departure : 1240 : Zone: MDT	Airport ID: City: Po	1L9 arowan UT USA		Type Flight None Company Military VFR Activated?	y VFR VFR	O VFR/IFR O IFR O Unknown
None	Special VFR IFR	☐ Spe	ecial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		☐ Crui:	se nown / NA
☐ Class B☐ Class C☐ Class D☐ Class E☐	Class G Demo Area Warning Area Prohibited Area Restricted Area	☐ Mil ☐ Aiŋ ☐ Jet ☐ TRS ☐ FAI	litary Operations port Advisory Ar Training Area SA R 93	rea	□Special □Air Traffic Conti □Unknown	rol Area	Occur	de of In-Flight rrence: //A ft msl
WEATHER INFORMA	ATION AT THE	ACCIDENT	T/INCIDEN	7				THE RESERVE OF THE PARTY.
Source of Pilot Weather Int (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service On-Board Weather	Com Milit Inter	net		Facility ID: Observation T Time Zone: Distance from	Time:  Accident Site:		nm	s true
Basic Conditions  VMC OIMC OUnknown		Light Conditi ODawn Day	ODusk ONight		rk Night OUr	nknown		
O Few	O Thin Broken O Thin Overcust O Unknown	Ceiling None (Clear) Broken Overcast Ceiling Heigh	0	Obscured Indefinite Unknown	Temperature: Dew Point: Altimeter Sett	(C	c) or _	$N/\Lambda$ (F)
Wind Direction  □ Variable  -or- Direction: 345 degrees true	Wind Speed  Calm Light and Varia or- Speed: 15	iblekts	Wind Gusts Not Gustin -or- Speed:				The state of the s	_ft
Intensity of Precipitation O Light O Moderate O Heavy N/A O Unknown	Type of Precipita  None Rain Snow Hail Rain Showers	ation (Check all t  Drizzle  Lee Pellets  Snow Pellet  Snow Grain  lee Crystals	Freezing Snow S Is Ice Pello Freezing	Shower lets Shower	Restriction to None Blowing Du Blowing Sa Blowing Sn Blowing Sp Dust	ast G		og
Icing Forecast  Amount  None  None  N/A  Type  N/A  Rime  Clear  Moderate  Severe  Unknown	wn	Icing Actual Amount None Trace Light Moderate Severe Unknown	Type  N/A  N/A  Rime  Clear  Mixe  Unkr	r ed nown	Turbulence Type (Check a) None Clear Air Terrain-Indu	uced Turbulence		verity Light Moderate Severe Extreme
NOTAMs (D and FDC),	AIRMETs, SIGN	IETs, PIREPs	s in effect at	the time of t	he accident/incid	dent:		

DAMAG	E TO AIRCRAFT	AND OTHER P	ROPERTY		
Aircraft Da	ımage	Aircraft Fire		Aircraft Explosi	on
O None O Minor	O Substantial O Destroyed Unknown	<ul><li>None</li><li>In-Flight</li><li>On-Ground</li></ul>	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	<ul><li>None</li><li>In-Flight</li><li>On-Ground</li></ul>	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

The glider sustained the following damage: broken right horizontal stablilizer/right elevator; delamination of small section of wing skin at the trailing edge of the right wingroot; loss of small section of the flaperon on the right wing tip; superficial scratches to the fuselage. There was no damage to other property.

## 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.

On June 24, 2018, I made a recreational glider flight as part of an informal glider competition among pilots operating out of Parowan airport (1L9). Takeoff occurred at 1240hrs (MDT) behind a tow plane. Once off tow, I climbed to 12,000 feet, then flew east across the Panguitch valley to the foothills. My initial objective was to fly to Bryce Canyon and points beyond if the soaring conditions proved to be good. On this day, the thermal lift was not particularly strong, and I soared along the ridges for approximately 20 miles south of the town of Panguitch, maintaining an altitude between 10,000 to 11,000 feet. I decided to return north along the same ridge line, with the intent of returning to Parowan. Flying north, I noted a headwind of 10-15kts, and was unable to find consistent lift, descending to 9,000 feet (2,500 agl). I was able to start my sustainer engine, climbing back to 10,500 feet, and flew an additional 10 miles toward Panguitch. Once re-established in lift, I shutdown and stowed my sustainer engine, flying an additional 5-miles northward. Approximately 4 miles from Panguitch, I encountered strong sink of 1,000 fpm. I attempted to re-start the sustainer engine, but was unsuccessful. In a short time, I was down to 8,500 feet, and was forced to select a field for an off-field landing. Though the sink persisted, I had adequate time to survey a hay field of sufficient size and lacking any apparent ground obstacles to landing. I approached the field with full landing flaps at a speed between 50-55kts. I used dive brakes sparingly to assure a touch down point in the first 3rd and the middle portion of the field. Initial landing roll was uneventful, though the hay was 2-3 feet in length, the ground dry, and slightly uneven, resulting in uneven drag on the right wing, and causing it to drop first. The glider veered 20-degrees right from the center line, coming to a full stop within 30 yards of initial touch down. Field elevation was 6,670 feet. I exited the glider without injury and called my ground crew in Parowan to arrange a retrieve. Bystanders on nearby highway 89 observed the landing, and called 911 out of concern for possible injury. EMS and law enforcement responded to the scene. Paramedics were dismissed, as I incurred no injury. The owner of the hay field presented to the scene, surveyed the field, and expressed his satisfaction that no property damage was incurred. I filled out an incident report with the Sheriff's deputy. My ground crew arrived with the glider trailer, we disassembled the glider, secured it in the trailer, and returned to Parowan.

RECOMMENDATION (How	could this	accident/incident ha	ive been pre	vented?)			
Operator/Owner Safety Recomm	endation						
				1 1 1	laite, d e le e	and rubish mar	havo
Incident may have	been pre	evented by mai	ntaining	a highe	r altitude ba	and, which may	nave
allowed for safe gl	ide to the	Panguitch air	port. The	sustain	er engine c	ouid nave been	run
longer on initial st	art, resul	ting in less alti	tude loss	throug	h the area o	f strong sink, v	vnicn
also may have allo	wed for s	afe glide to Pai	nguitch a	irport.			
MECHANICAL MALFUN	NCTION/F	AILURE (If mor	e space is n	eeded, co	ntinue on sepa	rate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, many			scribe the failu	ire.)			Total Time/Cycles On Part
							Hours
							239503855
							Cycles
							Time Since This Part
							Inspected/Overhauled
							Hours
							Tiours
FUEL & SERVICES INF	ODMATI	ON		E. De Salvania			
FUEL & SERVICES INF	ORMATI						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify	
9	0.11	O 100 Low Lead	<ul><li>Jet A</li></ul>		O JP8	Other, specify	
	Gallons	O 100/130	O Jet A-1		O Automotive		
Other Services, if Any, Prior to	Departure						
EVACUATION OF AIRC	DAET	PARTIES ASSESSED IN THE SECURIOR OF THE SECURI					
Was an emergency evacuation	of the aircr	aft performed?	☐ Yes	■ No			
Method of Exit - Describe how	the occupan	ts exited and how ma	iny occupant	s evacuate	d each location		
OTHER AIRCRAFT OF	01.1.10101	1					
OTHER AIRCRAFT - C					W		
Aircraft Registration Number	Manufacti	ırer:					nage to Other Aircraft Destroyed  Minor
	Model:						Destroyed
Registered Owner of Other Air	craft			Pilot of	Other Aircraft		
Name:				Name:			
City:							
State:ZIP:				State:		ZIP:	
Country:				Country			

ADDITIONAL INFORMA	ATION (Please	type or print in ink)		
Use this space if additional s	space is needed fo	r any answers.		
				THE BEST OF MY KNOWLEDGE
Date of this Report Nam	e of Pilot/Operat	tor: Charles 6	Fillespie	
06/30/2018 Sign	ature:			
hm/dd/yyyy c	or - Check	here to electronically sign this		
If a Person Other than Pilo	t/Operator is Fil	ing Report		
Name:			Title:	
or Check h	ere to electronical	lly sign this document		
		FOR NTSR	USE ONLY	
NTSB Accident/Incident N	o. Reviewed	by NTSB Regional Office	Name of Investigator	Date Report Received
GAA18CA377	GAA		Eric Swenson	07/01/2018