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

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

| Accideas/Inscident Location Nearest City/Place Manufacturer Maximum Gross Weight Maximum | | . =:=: | 3 | | | | | 1.750 | | | | | |
|--|---|---------------------------|--------------------|-------------|--|-----------------|--------------|-----------------|---------------------|-----------|-------------|---------------------------------------|------------------|
| Nearest Cuty/Flace Continuous Airworthness Content and Conte | | | | PAREE! | | 25/11/1 99 | SERVIN | | CESP BIN | | | | |
| ARCRAFT INFORMATION Collision with Other Aircraft: O Midau Conground One-ground One-gr | | | | | | | Acci | ident/Incid | lent Date/ | Γime | | | |
| Lastitude 34.01 N | | | | | _ State: <u>C</u> | GA | Date: | | | Lo | cal Time: | 4:20 | |
| Collision with Other Aircraft: Ohidair Oon-ground One-ground Oon-ground | | | | | | | | mm/de | dyyyy | Ti | me Zone | EST | |
| Agrication Number: M5223V | - 27 | | | | | . | | | | | - 10 | 27 F-2 | |
| Manufacturer: Cessns | (Enter in decin | al degrees or e | legrees:minutes se | conds) | | | Colli | ision with | Other Air | craft: C |) Midair | OOn-grour | nd O None |
| Manufacturer: Cessns | AIRCRAFT INFO | RMATIO | N | | All The State of t | | 13 (1) | 41 700 | 200000 | | | ALL PAR | |
| Manufacturer: C98SnB | | | | | | | Ø |] IFR-Equip | ped and Co | rtified | | · · · · · · · · · · · · · · · · · · · | |
| Serial Number 172RG0476 Weight at Time of Accident/Incident: los | | | | | | | | | | ght | | | |
| Serial Number: 172RG0476 | Model: C172RG | | | | | | Max | ximum Gr | oss Weigh | t: | | lbs | |
| Amateur-Built: OYes fYes: OKit/Plans Make Original Design Configural Design Configural Design Configuration Configur | Serial Number: 172 | RG0476 | | | | | | | | | | | lbs |
| Amateur-Built: Oyte Fee ChirPlans Make Cabin Crew Seats Passenger Seats | Year of Manufacture | : 1980 | | | | | Nun | nber of Se | ats: 4 | | Flight Cr | ew Seats | _ |
| Category of Aircraft Type of Airworthiness Critificate Check all that apply Standard Check all that apply Standard Special Skid | Amateur-Built: OY | s If Yes: | OKit/Plans Ma | ke: | | | | | | | | | |
| A Arrigane Balloon Standard Special Check all that apply) Check all that apply Check all that apply Check a | ⊚Ne |) II (| Original Design | | | | | | | | _ | | |
| OArlpane CCheck all that apphy Check all that a | Category of Aircraft | Type of A | irworthiness Co | rtificate | | Landing Ge | ar | | | Engine | e Type (Se | elect one) | |
| Balloon | | 1 ' | ** ** | | | | | - | | ● Reci | procating | O Liqui | |
| Colider Commuter Special Flight Commuter Special Light-Sport Commuter Commut | - | | | ted | | | Retrac | | | | | _ | |
| Objection Commuter | | 1 = | | | | Tricycle | | □T: | ailwheel | | | | |
| Propeller | - / · | 1 = | | | | | | | | | | ○ Unkr | nown |
| Okocket Olivitalight Certificate of Authorization or Waiver (COA) Other Launch/Recovery System Of Fuel-Injected Other Launch/Recovery System Other Launch/Recovery System Of Mig. | | _ | | | 1 | | | | | | | | |
| Other authorization or Waiver (COA) Other Launch/Recovery System OF Total | ORocket | | ☐ Specia | Light-Spo | | | Dot- 610 - 1 | | | | ngl | | |
| Certificate of Authorization or Waiver (COA) | | | ☐ Experi | mental Ligi | ht-Sport | □ Other I au | inch/R | Perovery Sys | :tem | | | = | - |
| Engine Engine Manufacturer Engine Model/Series Manufacturer's Serial Number Manufacturer's Offig. met dd 3737 O lbs of Tirust O | Ouknown | | | | (COA) | | | | | | | O | |
| Engine Engine Manufacturer Model/Series Serial Number mm dd/jyyy Olsof Thrust (hours) (hours) (hours) | | Missie | <u>_</u> | OHKHOWH | <u> </u> | | - | | | <u> </u> | Total | Time | Sinna: |
| Eng 1 Lycoming | | | Engine | | | | | | O Horser | ower от | | | |
| Eng 2 Eng 3 Eng 4 Last Inspection Type OContinuous Airworthiness OAAIP OAnnual OUnknown Date Last Inspection: OLast Inspection: OLast Inspection: OLast Inspection: OLast Inspection: OS/11/2018 mm/dd/jyyy Airframe Total Time: 6558.2 hrs hours measured at (Select one) OLast Inspection: OLast Inspection: OTime of Accident/Incident Type of Maintenance Program (Select one) OAnnual OUnknown OConditional (Amateur-built only) OCI26 (406 MHz) OCI215 MHz) OC | 925 | acturer | | | | | | | | Thrust | | | |
| Eng 3 Eng 4 Last Inspection Type Oloo-Hour Ocontinuous Airworthiness OAAIP Oconditional Inspection OAID OUnknown Date Last Inspection: OI00-Hour OConditional Inspection OAID OUnknown OI00-Hour OConditional Inspection OI00-Inspection OI00-In | | | O-360-F1A6 | | L-2831 | 7-36A | 18 | 980 | 180 | | 6558.2 | 58.2 | 1153.2 |
| Last Inspection Type | | | | | | | + | | | | | - | - |
| Propeller OFixed Pitch OContinuous Airworthiness OAAIP OConditional Inspection OUnknown ONOWN | | | | | | | + | | | | | | |
| Olion-Hour Ocontinuous Airworthiness OAIP Oconditional Inspection OAIR OConditional Inspection OUnknown Date Last Inspection: 05/11/2018 | | - 12 | | Propell | er 1 | | | 43 | Prope | ller 2 | 0 | Fixed Pitch | 27 |
| O AAIP O Conditional Inspection O Unknown Date Last Inspection: O5/11/2018 | i i | | | - | | | | | • | | | | |
| Outs Last Inspection: 05/11/2018 mm/dd/yyy | | | | Manufac | turer N | • | | | Mans | facturer | _ | Ground Adju | stable |
| Date Last Inspection: O5/11/2018 | Annual OUni | cnown | | | turer | vicoaulcy | | | | | | | |
| Airframe Total Time: 6558.2 hrs hours measured at (Select one) OLast Inspection | Date Last Inspection | | | <u> </u> | stalled: | @Yes O | Nο | | | | inment / | Check all that | t apply) |
| hours measured at (Select one) OLast Inspection | Airframa Tatal Tima | the state of the state of | | | stanto. | 0.00 | | | T. | - | ·Imment (| Check an inai | ирріу/ |
| Model or Part No.: DM ELT 6.1 Type of Maintenance Program (Select one) Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify Description of Fire Extinguishing System None Specify: Model or Part No.: DM ELT 6.1 TSO No.: OC91 (121 5 MHz) OC91a (121 5 | | | 1112 | | nufactur | er: Dorne & N | Margo | olin | | | | | |
| Type of Maintenance Program (Select one) Oct Annual Octonditional (Amateur-built only) Octonditional (Alexander) Octonditional (Amateur-built only) Octondi | | | ccident/Incident | Model or | r Part No | DM ELT 6 | .1 | | ☐ ☑ Aut | | ck Indicato |)r | |
| O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Was ELT still mounted in aircraft? O Yes O No Was ELT still connected to antenna? O Yes O No Did ELT Activate? O Yes O No If activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Aid in Locating Aircraft: O Yes O No If not activated: Did ELT Activate? Did EL | TSO No.: OC91 (121.5 MHz) | | | | | | C91a | (121.5 MH | ^{z)} □Data | a Recorde | | | |
| O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System None O Specify: Was ELT still mounted in aircraft? Oyes ONo Did ELT Activate? Oyes ONo Did ELT Activate? Oyes Ono If activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Indicate Reason: Impact Damage Other, Specify: | @ Arrupi | | | | | , | | | I == | | | | vice |
| O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System ⊙ None O Specify: □ Handheld GPS □ Heads Up Display □ Onboard Weather □ Satellite Tracking Device □ Stall Warning System □ Video Recording Device □ Fire Damage □ Battery Expired/Damaged □ Other, Specify: □ Battery Expired/Damaged | O Conditional (Amateur-built only) Was ELT still mounted in aircr | | | | | | - | - | | | | | |
| O Continuous Airworthiness O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage Other, Specify: Onboard Weather I Satellite Tracking Device Indicate Reason: Other, Specify: Other, Specify: | O Manufacturer's Inspection Program Was ELI still connected to ant | | | | | | | 9163 0110 | ☐Han | | | | |
| O Other, specify: Description of Fire Extinguishing System None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage O Fire Damage D Battery Expired/Damaged Other, Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Impact Damage Other, Specify: Other, Specify: | | | (AAIF) | If activa | ited: | | | | | | | | |
| Description of Fire Extinguishing System ⊙ None ○ Specify: If not activated: Indicate Reason: □ Impact Damage □ Fire Damage □ Battery Expired/Damaged □ Other, Specify: □ Battery Expired/Damaged | | | | Did ELT | Aid in L | ocating Aircraf | ft: O | Yes © No | | | | e | |
| O Specify: Fire Damage | | xtinguishing | System | 1 * | | _ | | | ☑ Stal | Warning | System | | |
| Battery Expired/Damaged | 1 | | | Indicate | Reason: | | | | | | | : | |
| | O Specify | | | | | | | Damaged | | , ~p****) | i. | | |
| E OTIKNOWN | | | | | | Unknown | | | | | | | |

| OWNER/OPERATOR INFORMA | OWNER/OPERATOR INFORMATION | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Registered Aircraft Owner | | City: Lewisport | | | | | | |
| Name: Eagle Flight Academy, LLC | | State: <u>KY</u> ZIP: 42351 | | | | | | |
| Fractional Ownership Aircraft: O Yes O | No | Country: USA | | | | | | |
| Operator of Aircraft | gistered Owner | Same Address as Registered Owner | | | | | | |
| Name: Clifford Joseph Hauer | i | City: Owensboro | | | | | | |
| Doing Business As: FLight Time Building | | State: <u>KY</u> ZIP: <u>42303</u> | | | | | | |
| Air Carrier/Operator Designator (4 Characte | er Code): | Country: USA | | | | | | |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted Un | 10.73974335 | | | | | | |
| ☑ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) | OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR | 431 O Non-Scheduled or Air Taxi O International 435 437 O Passenger | | | | | | |
| Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) | OFAR 91 Special Flight ONon-US, Commercial | O Cargo O Mail Contract Only | | | | | | |
| ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) | ONon-US, Non-commercial OPublic Aircraft (Select one) O Armed Forces | Purpose of Flight for FAR 91, 103, 133, 137 (Select one) | | | | | | |
| □ Priot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation ■ Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft | | O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning | | | | | | |
| Revenue Sightseeing Flight | Air Medical Flight | O External Load O Skydiving | | | | | | |
| O Yes ⊙ No | O Yes ⊙ No | J, | | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on ap | proach, landing, takeoff, departure, or within 3 miles of an airport) | | | | | | |
| | | | | | | | | |
| Airport Name: Cobb County Internation Airport Identifier: KRYY | nai | Distance From Airport Center: On Runway sm Direction From Airport: On Runway degrees true | | | | | | |
| Proximity to Airport: O Off Airport/Airstrip | p On Airport/Airstrip ON/A | Airport Elevation: 1040 ft msl | | | | | | |
| Runway Information | | Condition of Runway/Landing Surface (Check all that apply) | | | | | | |
| Runway ID: 27 (L/R/C) Length: 62 | 295 ft Width: 100 ft | ☑ Dry ☐ Snow-Compacted ☐ Water-Calm | | | | | | |
| Runway/Landing Surface (Check all that a ☐ Asphalt ☐ Grass/Turf ☐ Maca ☐ Concrete ☐ Gravel ☐ Metal ☐ Dirt ☐ Ice ☐ Snow | adam | ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown | | | | | | |
| Approach/Departure Segment (Select one) |) | | | | | | | |
| OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb | OOn Instrument Appending | oproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown | | | | | | |
| IFR Approach (Check all that apply) | | VFR Approach (Check all that apply) | | | | | | |
| ☑ None | | □None | | | | | | |
| □ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV | □MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown | ☑ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing ☑ Full Stop □ Precautionary Landing □ Unknown | | | | | | |

| "FLIGHT CREWMEMBER 1" INFORMATION | | | | | | | | | | |
|---|--|--|-------------------|---------------|----------------------|--------------|------------------------------|------------------|-----------------------|------------|
| "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident | | | | | | | | | | |
| | | | | | | | | | | |
| <u> </u> | | | 10 | | | | | | | |
| "Flight Crewmember 1" Ide First Name: Clifford | ntilication | | | | City of Da | sidanas C | woosboro | | | |
| 2 | | | | | | 420000 | wensboro | | | |
| Middle Initial: J | | | | | State: KY | | | ZIP: <u>4230</u> | 3 | |
| Last Name: Hauer | 200 | 8. 22° | | | Country: | | | | | |
| Age at time of | Accident/Incide | | _ Date of E | | | m | m/dd/yyyy | | | |
| | , | | ertificate Nun | | | | | | | |
| Degree of Injury | Seat Occup | | | | straint Ty | /pe | | | Inflatable I | Restraints |
| None | ♠ Left♠ Right | O Front O Rear | O Unknov | wn | Available | | Used | | E No. to. | s=11 - J |
| O Serious | O Center | O Single | | | O None O Lap o | | O None O Lap onl | v | ✓ Not Ins ☐ Installe | |
| Pilot Certificate(s) (Check all | that apply) | | | ne. | ⊙ 3-pon | nt | ⊙ 3-point | | ☐ Not De | ployed |
| ☐ None ☐ Flight Ir | - | Commercial | ☐ US M | | O 4-poir O 5-poir | | O 4-point O 5-point | | ☐ Deploy ☐ Unknow | |
| ☐ Private ☐ Recreati ☐ Student ☐ Sport | | Airline Transp Flight Engine | | ;n | O Unkne | | OUnknov | | | |
| | | I light Elighte | , | | | | | | | |
| Principal Occupation N | ledical Certific | cate | | M | edical Cer | tificate Va | lidity | | Date of Las | st Medical |
| • • | | Class 3 | | | | utations/wai | | nknovn | 00125120 | 17 |
| | |) Driver's Lice) Unknown | ense (Sport Pilot | | Special Issu | tions/waiver | s ON | //A | 08/25/20 mm/dd/y | |
| Medical Certificate Limitation | | <i>y</i> • • • • • • • • • • • • • • • • • • • | | <u> l</u> | | | | | | |
| NONE | | | | | | | | | | |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Special I | ssuance | | | | | | | | | |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | | Fligh | t Review Airo | craft | | | | | | |
| or Equivalent, Including FAR 121/135 Checks: | 08/25/2018 | Make | Piper Cher | okee | | | | | | |
| FAR 121/133 Checks: | mm/dd/yyyy | — Mode | I: PA-28-140 |) | | | | | | |
| Airplane Rating(s) | Other Aircra | ft Rating(s) | Instrum | ent Rating(| s) | Instructo | r Rating(s) | | | |
| (Check all that apply) | (Check all that a | apply) | | l that apply) | - · | (Check all | | | | ,III, |
| ☐ None | ✓ None | | ☑ None | | | ✓ None | ā | | Instrument | |
| ✓ Single-Engine Land ✓ Single-Engine Sea | ☐ Airship ☐ Balloon | | ☐ Airpla ☐ Helico | | | | e Single-Eng e Multi-Engi | | Instrument Helicopter | Helicopter |
| ■ Multiengine Land | ☐ Glider | | Power | | | ☐ Gyropla | ine | Ū | Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane ☐ Helicopter | | | | | ☐ Powere | d Lift | | Sport | |
| | ☐ Powered Lift | 1 | | | | | | | | |
| Type Ratings | | | • | | ĺ | Student F | Indorseme | ats (Include | dates) | |
| NONE | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 1 | | Airplane | | \top | 1 | | | 1 | Γ |
| Flight Time (Enter appropriate number of hours in each box) | | This Make | Single | Airplane | | | ument | | 011 | Lighter |
| Total Time | Aircraft 243 | & Model | Engine 243 | Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Than Air |
| Pilot in Command (PIC) | 157 | 14 | 157 | | + | + | | | ļ | |
| Time as Instructor | 0 | 0 | 0 | | + | + | | | <u> </u> | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 37 | 12 | 37 | | 3 | 2 | 18 | | | |
| Last 30 Days | 8 | 3 | 8 | | - | - | 3 | | | |
| Last 24 Hours | 3 | 3 | 3 | | (| | 0 | | 1 | |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | |
|---|--|-----------------------------|------------------|-------------------------|--------------------------|----------------|-------------------------|----------------|------------------------------|---------------------|
| "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew | | | | | | | | | | |
| "Flight Crewmember 2" w | as pilot flying [| Yes 🗆 | No | | | | | | 10 | |
| "Flight Crewmember 2" Id | lentification | | | | | | | | | |
| First Name: | | | | c | ity of Re | sidence: | | | | |
| Middle Initial: | | | | S | tate: | | Z | IP: | | |
| Last Name: | | | | | | | | | | |
| | Accident/Incident | | | | | | | | | |
| / ige at time of | 7 tooldella motdella | | tificate Numb | | | | | | | |
| Degree of Injury | Seat Occupie | ed | | Res | straint T | `уре | | 1 | nflatable R | estraints |
| O None O Fatal | O Left | OFront | OUnknow | m | Availab | le | Used | | | |
| O Minor O Unknown O Serious | O Right O Center | ORear OSingle | | | O Non | e | O None | | □ Not Inst | |
| | 105.0 | • Strigic | . | | O Lap | | O Lap only O 3-point | ′ | ☐ Installed ☐ Not Dep | |
| Pilot Certificate(s) (Check of Pilot Control of Pilot Check of Pilot Check of Pilot Check of Check of Pilot Check of Check of Pilot Check of Check | | ommercial | □ US Mi | litorit | O 4-po | | O 4-point | | Deploye | |
| Private Recre | | ommerciai irline Transpo | | | O 5-po | int | O 5-point | | Unknow | 'n |
| ☐ Student ☐ Sport | | light Engineer | | | O Unk | nown | O Unknow | /n | | |
| Principal Occupation | Medical Certifica | ite | | Me | dical Co | rtificate Va | lidity | 1 | Date of Las | t Medical |
| O Pilot | | Class 3 | | | | mitations/wai | | nknown | | |
| O Other | | Driver's Lice: Unknown | nse (Sport Pilot | | With limit Special Is | tations/waiver | s ON | /A | mm/dd/yy | |
| O Unknown | <u> </u> | Unknown | | | эреста та | Suance | | | | |
| Medical Certificate Limita | tions | | | | | | | | | |
| ! | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Specia | Issuance | | | | | | | | | |
| integral Certificate opecia | 135441144 | | | | | | | | | |
| | | | | | | | | | | |
| D. A. LOT LA DIVILA DIVILA | | Tre ta | D. C. Aller | | | | | | | |
| Date of Last Flight Review or Equivalent, Including | | ~ | Review Airc | | | | | | | |
| FAR 121/135 Checks: | | Make: | | | | | | | | |
| | mm/dd/yyyy | Model | : | | | | | | | |
| Airplane Rating(s) | Other Aircraft | | | ent Rating(s | ;) | Instructor | | | | |
| (Check all that apply) | (Check all that ap | ply) | · | that apply) | | (Check all th | nat apply) | _ | | |
| ☐ None ☐ Single-Engine Land | ☐ None ☐ Airship | | ☐ None ☐ Airplai | | | None | Single-Engir | | Instrument A Instrument H | |
| Single-Engine Sea | ☐ Balloon | | Helico | | | | Multi-Engine | | Helicopter | circopici |
| Multiengine Land | ☐ Glider | | Power | | | ☐ Gyroplar | | | Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane | | | | | ☐ Powered | Lift | | Sport | |
| | ☐ Helicopter ☐ Powered Lift | | | | | | | | | |
| Type Ratings | | | <u> </u> | | | Student E | ndorsemen | ts (Include de | ates) | |
| 1 ypo manago | | | | | | | | . 40.000 | 15.5 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| Flight Time /F | ata | | Airplane | | | Inst | rument | | | |
| Flight Time (Enter appropriation number of hours in each box) | All Aircraft | This Make & Model | Single Engine | Airplane Multiengine | Nigh | | Simulated | Retorcraft | Glider | Lighter Than Air |
| Total Time | | | | | 1.1.8.11 | | | | 1 | |
| Pilot in Command (PIC) | | | | | 1 | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | \neg | | | | |
| Last 24 Hours | | | | | | | | | | |

| | | ERO (| | | | W. 12 C W. V. | g intermation) | | |
|--|------------------------------------|---------------|--------------------------|--|---|--|--|--|--|
| Crew Name and Add | ress | | | | | | Seat Occupie | d | Injury |
| First Name: | | City | of Resider | nce: | | | O Left | OFront | O None |
| Middle Initial: | | State | e: | 2 | ZIP: | | O Center O Right | O Rear O Single | O Minor O Serious |
| Last Name: | | _ Cou | ntry: | | | _ | J Allgan | OUnknown | O Fatal |
| | | | | | | | | | O Unknown |
| Pilot Certificate(s) (C | Check all that apply) | | | | | | Restraint Type Available | pe: Used | Inflatable |
| □ None □ Flight Instructor □ Commercial □ US Military | | | | | | | | O None | Restraints |
| ☐ Private | Recreational | | ine Transp | | eign | | O Lap Only | O Lap Only | Not Installed☐ Installed |
| Student | Sport | LI Flig | ht Enginee | er ———— | | | O3-point O4-point | O 3-point O 4-point | ☐ Not Deployed |
| Type Rating/Endorse | ement for | | Total F | light Time at | the Time | | O 5-point | O 5-point | □ Deployed□ Unknown |
| Accident/Incident Ai | | □ No | of this A | Accident/Inci | dent: | hrs | OUnknown | O Unknown | _ Onknown |
| 111111111111 | | 120 | | | | | | | |
| Crew Name and Add | ress | | | | | | Seat Occupie | d | Injury |
| First Name: | | City | of Resider | nce: | | | O Left | OFront | O None |
| Middle Initial: | | State | : | | ZIP: | | OCenter ORight | O Rear O Single | O Minor O Serious |
| l . | | Cou | ntry: | | | _ | ORigin | OUnknown | O Fatal |
| | | _ | | | | | | | O Unknown |
| Pilot Certificate(s) (C | Check all that apply) | | | | | | Restraint Ty | | Inflatable |
| □ None | ☐ Flight Instructor | | nmercial | | Military | | Available O None | Used O None | Restraints |
| ☐ Private☐ Student | Recreational | _ | ine Transp ht Enginee | _ | eign | | O Lap Only | O Lap Only | Not InstalledInstalled |
| ■ Student | Sport | Lug | in Engine | | | | O 3-point O 4-point | O 3-point O 4-point | ■ Not Deployed |
| Type Rating/Endorse | ement for | | Total F | light Time a | the Time | | O 5-point | O 5-point | ☐ Deployed |
| Accident/Incident Air | | | | Accident/Inci | | hrs | OUnknown | O Unknown | Unknown |
| PASSENGER(S) | OTHER PERSON | INEL (| include c | abin crew; c | ontinue on s | eparate shee | t if necessary) | Fra Control | |
| | | | | | | | | 7.0 4.11 | |
| Name and Address | | | | Seat | Injury | Restraint T | `уре | Inflatable Restraints | Age |
| | City: | | | | , | Available | Used | Restraints | |
| First Name: | | | | OLeft | ONone | Available ONone OLap Only | Used O None O Lap Only | Restraints Not Installed | Age Under 5 years |
| First Name: Middle Initial: | State: Z | IP: | | OLeft OCenter ORight | O None O Minor O Serious | Available ONone OLap Only O3-point | Used O None O Lap Only O 3-point | Restraints Not Installed Installed Not Deployed | ☐ Under 5 years If Under 5. |
| First Name: Middle Initial: Last Name: | State: Z | IIP: | | OLeft OCenter ORight OUnknown | O None O Minor O Serious O Fatal | Available ONone OLap Only | Used O None O Lap Only | Restraints Not Installed Installed Not Deployed Deployed | ☐ Under 5 years If Under 5. ○ Child Restraint |
| First Name: Middle Initial: | State: Z | IP: | | OLeft OCenter ORight | O None O Minor O Serious | Available ONone OLap Only O3-point O4-point | Used O None O Lap Only O 3-point O 4-point O 5-point | Restraints Not Installed Installed Not Deployed | ☐ Under 5 years If Under 5. |
| First Name: Middle Initial: Last Name: OCrew | State: Z Country: OPassenger | IIP: | | OLeft OCenter ORight OUnknown | O None O Minor O Serious O Fatal | Available ONone OLap Only O3-point O4-point O5-point OUnknown Available | Used O None O Lap Only O 3-point O 4-point O 5-point | Restraints Not Installed Installed Not Deployed Deployed | ☐ Under 5 years If Under 5. ○ Child Restraint ○ Lap-Held |
| First Name: Middle Initial: Last Name: OCrew First Name: | State: Z Country: OPassenger City: | Ot | her | OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown | Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None | Restraints Not Installed Installed Not Deployed Deployed Unknown | ☐ Under 5 years If Under 5. ○ Child Restraint ○ Lap-Held |
| First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: | State: | O Ot | her | OLeft OCenter ORight OUnknown Row: OLeft OCenter | ONone OMinor OSerious OFatal OUnknown | 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 | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed | Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown |
| First Name: Middle Initial: Last Name: OCrew First Name: | State: | O Ot | her | OLeft OCenter ORight OUnknown Row: | O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal | Available ONone OLap Only O3-point O4-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 | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not 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 |
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| First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: | State: | OOt | her | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal 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 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 Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Deployed Deployed Deployed Deployed Deployed | Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown |
| First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: | State: | OOt | her | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious | 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 5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Unchnown Not Installed Installed Installed 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 |
| First Name: | State: | OOt OOt OOt | her | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal 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 O4-point O5-point O4-point O5-point O4-point O5-point O5-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 4-point O 5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Deployed Deployed Deployed Deployed Deployed | Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown |
| 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 | State: | OOL | her | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal 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 O4-point O4-point O4-point O4-point O4-point O5-point OUnknown | Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 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 Used O None | Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed Instal | Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown |
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| First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: OCrew First Name: Last Name: Last Name: Middle Initial: Last Name: | State: | OOt CIP: | her | OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OFatal 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 O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point | Used O None O Lap Only O 3-point O 4-point O 5-point O 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 4-point O 5-point O 5-point O 5-point O 5-point | Restraints 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 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 | NFORMATION | | | | | Section 200 | |
|---|--|---|--|-----------------------|---|-------------------------|---|
| Last Departure Point | | e of Departure | Destination | n | | Type Fligh | nt Plan Filed |
| Airport ID KRTY | m s | 2.40 | Airport ID | KRYY | | None | O VFR/IFR |
| City Atlanta | Time | 3:48 | City: Ken | neesaw | | O Company O Military | |
| State: GA | | Zone EST | State: GA | | | O VFR | VIK O UIKROWN |
| Country: USA | | | Country: L | | | Activated? | OYes ONo OUnknown |
| Type of ATC Clearance/Ser | vice (Check all that | apply) | | | | • | |
| □ VFR □ | Special VFR IFR | □ VF | cial IFR R On Top | | ☐ VFR Flight Foll☐ Traffic Advisor | | ☐ Cruise ☐ Unknown / NA |
| ☐ Class B☐ Class C☐ Class D☐ Class E☐ | Class G Demo Area Warning Area Prohibited Area Restricted Area | Mil Air Jet TRS FAI | itary Operations port Advisory A Training Area SA R 93 | rea | □Special □Air Traffic Cont □Unknown | rol Area | Altitude of In-Flight Occurrence: ft msl |
| WEATHER INFORMA | | ACCIDEN | | | ABULESCO DE | THE VIE | DOUBLE THE PART OF THE PARTY. |
| Source of Pilot Weather Inf (Check all that apply) | ormation | | | | servation Facility | | |
| □ National Weather Service | ☐ Com | nany | | | | | |
| ☐ Flight Service Station | ■ Milit | ary | | | ime: | | |
| ☐ TV/Radio ☑ Automated Report | | | | | ale es | | |
| ☐ Commercial Weather Service | | | | | Accident Site: | | |
| On-Board Weather | | | | Direction from | Accident Site: | | degrees true |
| Basic Conditions | | Light Conditi | | | . with a second | | |
| ● VMC OIMC | | ODawn ⊙Day | ODusk ONight | - 3 | k Night OUr tht Night | nknown | |
| O Unknown | | 0 22, | Orrigin | Osne | , | | |
| Sky/Lowest Cloud Conditio | n | Ceiling | 55 | | Temperature: | | (C) or(F) |
| | Thin Broken | O None (Clear) | | Obscured | | | |
| | Thin Overcast Unknown | O Broken O Overcast | | Indefinite Unknown | | | C) or(F) |
| O Scattered | Johanowii | Overeusi | · | Circio | Altimeter Sett | | |
| Lowest Cloud Condition He | eight | Ceiling Heigh | t | | | or | мв |
| | ft agl | | | ft agl | | | |
| Wind Direction | Wind Speed | | Wind Gusts | | Visibility | | miles |
| ☐ Variable | ☐ Calm | | ✓ Not Gustin | ıg | PVP | 19 | |
| | ☐ Light and Varia | ible | | | | | |
| or- Direction:degrees true | Speed: 8 | kts | Speed | kte | | <u> </u> | _ |
| | | | | kts | Density Altitu | | ft |
| Intensity of Precipitation OLight | Type of Precipita None | Drizzle | nat appiy) Freezing | a Dain | ✓ None | Visionity (C | heck all that apply) |
| O Moderate | Rain | lce Pellets | ☐ Snow S | | ☐ Blowing Do | ıst 🔲 🤆 | Ground Fog |
| OHeavy | Snow | ☐ Snow Pellet | | | ☐ Blowing Sa | | Haze |
| O N/A O Unknown | ☐ Hail ☐ Rain Showers | ☐ Snow Grain ☐ Ice Crystals | | g Drizzle | ☐ Blowing Sn☐ Blowing Sp | ray | lce Fog Smoke |
| | | | | | ☐ Dust | | Unknown |
| Icing Forecast | | Icing Actual | | | Turbulence | | |
| Amount Type ⊙ None O N/A | | Amount O None | Type ON/A | | Type (Check a ☑ None | ll that apply) | Severity □Light |
| O Trace O Rime | | O Trace | ORime | | Clear Air | | ■Moderate |
| O Light O Clear | | O Light | O Clear | | ☐ Terrain-Indi | | Severe |
| O Moderate O Mixed O Severe O Unknow | | O Moderate O Severe | O Mixe O Unkr | | Convective | Turbulence | ☐ Extreme |
| O Severe O Unknow O Unknown | /n | OUnknown | O OAKI | IOVAII | | | |
| NOTAMs (D and FDC), A | LIDMETS SICM | IFT, DIDFD, | in effect of | the time of t | ha accident/inci | dont. | |
| MOTAWIS (D'AIRE PDC), A | imivie is, sigiv | il is, firers | in enectat | e ume 01 [] | ne accident/incl | uciiti | |
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| DAMAGE | TO AIRCRAFT A | ND OTHER PRO | PERTY | | |
|---------------|---|---|--|--|--|
| Aircraft Dam | | Aircraft Fire | | Aircraft Explosion | |
| O None | Substantial | None | O Both Ground and In-Flight | None | O Both Ground and In-Flight |
| O Minor | O Destroyed | O In-Flight O On-Ground | O Fire at Unknown Time O Unknown | O In-Flight O On-Ground | O Explosion at Unknown Time |
| | O Unknown | 1 O Oil-Giodina | Olikhowit | On-Ground | O Unknown |
| Description o | of Damage to Aircraft a | nd Other Property | Use additional sheet if necessary) | | |
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| MADDATIV | E LICTORY OF ELL | CHT (No. | | THE RESERVE AND THE PARTY OF TH | |
| | E HISTORY OF FLI | | | | The state of the s |
| wreckage dis | at occurred in enronoid tribution sketch if pertin | gical order, including ent Attach extra shee | g circumstances leading to and nat ts if needed. State departure time and | ture of accident/incide | ent. Describe terrain and include a |
| | rovide as much detail as | | is it needed. State departure time and | a and location, service. | s obtained, and michaed |
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| See Attached | 1 | | | | |
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| RECOMMENDATION (How | could this | accident/incident h | ave been pre | vented?) | | | THE PERSON LAND |
|---|---------------|--|----------------------|------------|-----------------------|----------------------|------------------------------|
| Operator/Owner Safety Recomm | endation | 1953 | | | | | |
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| MECHANICAL MALFUN | ICTION/I | AILURE (If mo | re space is n | eeded, co | ntinue on separ | rate sheet) | |
| Was there Mechanical Malfund (If yes, list the name of the part, man | | | | ire.) | | | Total Time/Cycles On Part |
| | 600 m | 19775 0000 | Particle office | 0.70 | | | Hours |
| | | | | | | | |
| | | | | | | | Cycles |
| | | | | | | | Time Since This Part |
| | | | | | | | Inspected/Overhauled |
| | | | | | | | Hours |
| | | | | | | | |
| FUEL & SERVICES INF | ORMATI | ON | NEWS COM | I Mark | 1 (P) (C) (C) (C) | - MANGERSTON | |
| Fuel on Board at Last Takeoff | | Fuel Type | | | | | |
| (Convert from pounds, as necessary) | 1 | O 80/87 | O 115/145 | | O Jet B | O Other, specify_ | |
| | Gallons | ● 100 Low Lead ● 100/130 | O Jet A O Jet A-1 | | O JP8 O Automotive | | |
| Other Services, if Any, Prior to | Departure | | | - | | | |
| - | • | | | | | | |
| | | | | | | | |
| THE STATISTICS OF AIDS | - A prop | | | | | | |
| EVACUATION OF AIRC | | THE RESERVE THE PARTY OF THE PA | TELEVILLE | - PORTE | | | |
| Was an emergency evacuation | of the aircra | ift performed? | ☐ Yes | □ No | | | |
| Method of Exit - Describe how | the occupant | is exited and how ma | any occupants | s evacuate | d each location | | |
| One sole/pilot and exited thro | ugh left sid | e door on board | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER AIRCRAFT - CO | OLLISIO | N (If air or ground | collision occ | urred, cor | mplete this sect | ion for other aircra | ft) |
| Aircraft Registration Number | | urer: | | | | | mage to Other Aircraft |
| William McGionanon | | uier | | | | | Destroyed |
| Besistand One of Other Air | | | | Dilet of | Oshan Linewoft | | Substantial None |
| Registered Owner of Other Air | | | | | Other Aircraft | | |
| Name: | | | | | | | |
| State: ZIP: | | | | State: | | _ZIP: | |
| Country: | | | | Country: | | | |

| ADDITIONAL INFORMATION (Please type or print in ink) | | | | | | |
|--|-----------|--|---|---------------------------------------|--|--|
| Use this space if addition | nal space | is needed for any answers. | | | | |
| Weather received from KRYY checked in fligh | | | on. No ability to produce weather record. A | utomated weather for | | |
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| 1 HEREBY CERTIFY | THAT TH | IE ABOVE INFORMATION IS COMPLE | TE AND ACCURATE TO THE BEST OF M | Y KNOWLEDGE | | |
| | | Pilot/Operator: Clifford Joseph Hauer | | | | |
| | | : | | | | |
| mm/dd/yyyy | - or | Check here to electronically sign this | locument | | | |
| If a Person Other than | Pilot/On | erator is Filing Report | | · · · · · · · · · · · · · · · · · · · | | |
| | | | Title: | | | |
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| | | electronically sign this document | | | | |
| | | FOR NTSB (| JSE ONLY | | | |
| NTSB Accident/Incide | nt No. | Reviewed by NTSB Regional Office | Name of Investigator | Date Report Received | | |
| GAA19CA138 | | GAA | Kate Benhoff | 3/8/2019 | | |