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

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

BASI	C INFORMA	NOITA										
Accide	nt/Incident Loc	ation					Accident/Inci	dent Date/	Time			
Nearest	City/Place: Porte	erville			State: C	Δ						
ZIP: 93	3257	Country: Tul				I		29/2019 d/yyyy	Lo	cal Time:	14:01	
Latitude	35 55.64'N		Longitude: 119					,,,,,,	Ti	me Zone:	PST	
	(Enter in decima	el degrees or a	legrees:minutes:se	conds)		(	Collision with	Other Air	craft: C	Midair Midair	OOn-groun	nd <b>O</b> None
AIRC	RAFT INFO	<b>RMATIO</b>	N		70000							
Registr	ration Number:	N189JC					☑ IFR-Equi	pped and Ce	rtified			
	acturer: Cessr	na					☐ Commerce ☐ Unmanne		ght			
Model	T206H						Maximum G	ross Weigh	t: 3789		lbs	
Serial Number: T20609510						Maximum Gross Weight: 3789 lbs Weight at Time of Accident/Incident: 3128.7 lbs						
Year of Manufacture: 2017						Number of Se						
Amate	ur-Built: OYes	If Yes:	Kit/Plans Mal	ke:			Cabin Crew Sea	ts:		Passenger	Seats: 2	
	<b>⊙</b> No		Original Design				Number of E					
O Airpl O Ballo O Blim O Glide O Gyro	Category of Aircraft  Discreption  Discrepti			Landing Gea (Check all that Tricycle Amphibian Emergency	r apply) etractable  T Float	ailwheel ligh Skid kid	O Reci	o Jet o Fan	OLiqui OSolid			
O Rock O Ultra	et	☐ Transp☐ Utility	☐ Special	Light-Spo	ort	□Float □Hull		ki ki/Wheel	Fuel Sv	stem Type	(Reciprocation	na)
OUnkr		<b>-</b> 0-4:5-4		mental Ligi		Other Laun	ch/Recovery Sy	stem	<b>O</b> Carb		• Fuel-	
		None	of Authorization	or Waiver Unknown	(COA)	☐ None	П	Jnknown				
u,			122210				Date	Rated Pow	er	Total	Time	Since:
Engine	Engine Manufa	cturer	Engine Model/Series		The state of the s	acturer's Number	of Mfg. mm/dd/yyyy	O Horser		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1	Textron Lycomia	ng	TIO-540-AJ1A		L-14318		02/01/2017	310	must	741.3	741.3	(nours)
Eng. 2											772.578.00	
Eng. 3												
Eng. 4												
O100-H	OConc	inuous Airwo		Propelle Manufac		OFixed Pite OControlla OGround A	ble Pitch	Prope		00	Fixed Pitch Controllable I Ground Adjus	stable
Annu				Model:	I-80VSA	<b>\-1</b>		Mode				
Date L	ast Inspection:	04/08/2 mm/dd/yy		ELT In:	stalled:	⊙Yes ON	o	Additio	nal Equ	ipment (	Check all that	t annly)
Airfran	ne Total Time:		hrs	If Yes:				☑ AD:	S-B			TPO
	rs measured at (Saast Inspection	Section of the sectio	ccident/Incident	ELT Ma Model or	nufacture Part No	er: ARC electron.: Air Tex me4	onics -06	Ang		chute ck Indicato	r	
	Maintenance I		A SAN AND PRODUCTION OF THE PR	TSO No.		(121.5 MHz) <b>O</b> C	C91a (121.5 MH	z)	a Recorde:	r		
<ul><li>Annu</li></ul>		rogram (be	iect one)			(406 MHz)				ght Bag or altifunction	Handheld De	vice
	itional (Amateur-b					unted in aircraft inected to antenn				mary Fligh		
	ifacturer's Inspects Approved Inspec		(AAIP)			? OYes ON		□Han	dheld GPS		5 75	
O Cont	inuous Airworthin		(-1111)	If activa				☑ Onb	ds Up Dis oard Wea			
	r, specify:			3806		ocating Aircraft	OYes ONO	Sate	llite Track	king Device	e	
O Non	otion of Fire Ex	tinguishing	System	If not ac Indicate	tivated:				l Warning	System ing Device		
	eify: Amerex Ha	Ion Extingu	isher	Indicate	ixeasun:	☐ Impact Damage			er, Specify			
						☐ Battery Expi						
0						Unknown						

OWNER/OPERATOR INFORMA	ATION		
Registered Aircraft Owner		City Vinclin	
Name: Tulare County Sheriff		City: Visalia	
Fractional Ownership Aircraft: O Yes	) No	— State: <u>CA</u> Country: <u>Tulare</u>	ZIP: <u>93291</u>
Operator of Aircraft	egistered Owner	☑ Same Address as Registered Owner	
Name:		City:	
Doing Business As:			ZIP:
Air Carrier/Operator Designator (4 Charact	er Code):	Country:	
Operating Certificates Held			
(Check all that apply)	Regulation Flight Conducted Ur	Revenue Operation for FAR 12 (Select one for each group)	1, 125, 129, 135
□None     □Flag Carrier Operating Certificate (FAR 121)     □Supplemental     □Air Cargo     □Foreign Air Carriers (FAR 129)     □Rotorcraft External Load (FAR 133)     □Commuter Air Carrier (FAR 135)     □On-Demand Air Taxi (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Non-Scheduled or Air Taxi  ONOSCHEDULED OF AIR TAXI	O Domestic O International
Commercial Air Tour (FAR 136)  Agricultural Aircraft (FAR 137)  Pilot School (FAR 141)  Certificate of Authorization or Waiver (COA)  Commercial Space Transportation  Experimental Permit  Commercial Space Transportation License  Other Operator of Large Aircraft	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 10 (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate  O Air Pare O Other O O O O O O O O O O O O O O O O O O O	hting OUnknown Test Tow tional Work Use al ming
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiv	ring
O Yes ⊙ No	O Yes O No	Oreny	
			ithin 3 miles of an airnort\
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or w	
AIRPORT INFORMATION (Fill in Airport Name:	if accident/incident occurred on app	proach, landing, takeoff, departure, or w Distance From Airport Center:	sm
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or w Distance From Airport Center: Direction From Airport:	sm degrees true
AIRPORT INFORMATION (Fill in Airport Name:	if accident/incident occurred on ap	proach, landing, takeoff, departure, or w Distance From Airport Center:	sm degrees true
AIRPORT INFORMATION (Fill in Airport Name:	ft Width:ft	proach, landing, takeoff, departure, or w Distance From Airport Center: Direction From Airport:	smdegrees trueft. msl ee (Check all that apply)
AIRPORT INFORMATION (Fill in  Airport Name:  Airport Identifier:  Proximity to Airport: Off Airport/Airstrip  Runway Information  Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that a grass/Turf   Maca	ft Width:ft  pply) dam	Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface  Dry Snow-Compactee Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft	smdegrees trueft. msl  ee (Check all that apply) d
AIRPORT INFORMATION (Fill in Airport Name:  Airport Name:  Airport Identifier:  Proximity to Airport: O Off Airport/Airstrip  Runway Information  Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that a language of the control of the cont	ft Width:ft  pply) dam	Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface  Dry Snow-Compacte  Snow-Crusted  Ice Covered Snow-Dry  Rough Snow-Wet  Rubber Deposits Soft  Subsh-Covered Vegetation  Droach Odonwind Obase Oco Arou	smdegrees trueft. msl  ee (Check all that apply) d
AIRPORT INFORMATION (Fill in  Airport Name:  Airport Identifier:  Proximity to Airport: O Off Airport/Airstrip  Runway Information  Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that at at a land at	ft Width:ft  pply) dam	Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface  Dry Snow-Compacte  Holes Snow-Crusted  Ice Covered Snow-Dry  Rough Snow-Wet  Rubber Deposits Soft  Subsh-Covered Vegetation  Droach Obownwind OBase OGo Arou OFinal OAborted	smdegrees trueft. msl  ee (Check all that apply) d
AIRPORT INFORMATION (Fill in  Airport Name:  Airport Identifier:  Proximity to Airport: O Off Airport/Airstrip  Runway Information  Runway ID:	ft Width:ft  pply) dam	Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface  Dry Snow-Compacte  Holes Snow-Crusted  Ice Covered Snow-Dry  Rough Snow-Wet  Rubber Deposits Soft  Subsh-Covered Vegetation  Droach ODownwind OBase OGo Arou OFinal OAborted OCrosswind OUnknow	smdegrees trueft. msl  ee (Check all that apply) d
AIRPORT INFORMATION (Fill in Airport Name:  Airport Name:  Airport Identifier:  Proximity to Airport: Off Airport/Airstrip  Runway Information  Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that a Grass/Turf	ft Width:ft  pply) dam	Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface  Dry Snow-Compacte  Holes Snow-Crusted  Ice Covered Snow-Dry  Rough Snow-Wet  Rubber Deposits Soft  Subsh-Covered Vegetation  Droach Obwnwind Olow Ap  Oroach Ocrosswind Olow Ap  Oroach Ocrosswind Olow Ap  Oroach Ocrosswind Olow Ap  Oroach	smdegrees trueft. msl  ee (Check all that apply) d

		MILAIN	JN						THE REAL PROPERTY.	
"Flight Crewmember 1" Re	MBER 1" INFOR	Time of	Accident/Incid	lent						
Pilot O Co-Pilot	O Student Pilot	O Flight Ir		Check Pilot	O Fligh	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" wa		es □ N	lo							
"Flight Crewmember 1" Id	entification									
First Name: Jake				(	City of Re	esidence: F	Porterville			
Middle Initial: S					State: CA			7ID. 0225	7	
Last Name: Daniels					0.07200			ZIP: <u>9325</u>	1	1 - 1
Age at time of	f Accident/Incident:	32	Date of Birt		Country:		nm/dd/yvyy			11
			ertificate Numbe				nm/aa/yyyy			
Degree of Injury	Seat Occupied		Attition truing		-turint T				The same way there is	
O None O Fatal O Minor O Unknown O Serious	O Right C Center	Front Rear Single	O Unknown		Available O None	e	Used O None		Inflatable I	talled
Pilot Certificate(s) (Check as					O Lap or O 3-poir		OLap on O3-point		☑ Installe	
None         ☐ Flight 1           ☑ Private         ☐ Recrea           ☐ Student         ☐ Sport	Instructor   ☐ Communicational ☐ Airlin	mercial ne Transpo nt Engineer		ary	O 4-poin O 5-poin O Unkno	nt nt	O 4-point O 5-point O Unkno	-	☑ Not Deploys ☐ Deploys ☐ Unknow	ed
Principal Occupation	Medical Certificate			Med	dical Cer	tificate Va	lidity		Date of Las	+ Modical
O Other	O None O Clas O Class 1 O Driv O Class 2 O Unk	ver's Licen	ase (Sport Pilot on	aly) OV	Without lim	nitations/wai tions/waiver	ivers OI	Jnknown N/A	03/07/20 mm/dd/yy	19
Date of Last Flight Review or Equivalent, Including			Review Aircra	ft						
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	06/29/2017	Make:	Piper	ft						
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: _ Model:	Piper PA-24/180							
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)	mm/dd/yyyy Other Aircraft Ra	Make: _ Model: ting(s)	Piper PA-24/180 Instrument	t Rating(s)	·		r Rating(s)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None	Make: _ Model: ting(s)	Piper PA-24/180 Instrument (Check all the	t Rating(s)	·	(Check all	r Rating(s) that apply)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)	Make: _ Model: ting(s)	Piper PA-24/180 Instrument	t Rating(s) at apply)	·	(Check all ✓ None  ✓ Airplan	that apply) e Single-Engi e Multi-Engir	ine [	Instrument A Instrument F Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model: ting(s)	Piper PA-24/180  Instrument (Check all the	t Rating(s) at apply)		(Check all    None   Airplan   Airplan   Gyropla   Powered	that apply) e Single-Eng e Multi-Engir nne d Lift	ine E	Instrument I Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model: ting(s)	Piper PA-24/180  Instrument (Check all the None Airplane Helicoptes Powered I	t Rating(s) at apply)		(Check all    None   Airplan   Airplan   Gyropla   Powered	that apply) e Single-Engi e Multi-Engir	ine E	Instrument I Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  □ None □ Single-Engine Land □ Single-Engine Sea □ Multiengine Land □ Multiengine Sea  Type Ratings  Flight Time (Enter appropriate	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All This	Make: Model: ting(s)	Piper PA-24/180  Instrument (Check all the None Airplane Powered I	t Rating(s)  at apply)  r  Lift  Airplane		(Check all   None   Airplan   Airplan   Gyropla   Powered	that apply) e Single-Eng e Multi-Engir nne d Lift	ine E	Instrument I Helicopter Glider Sport	Helicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box)	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft & M	Make:	Piper PA-24/180  Instrument (Check all the None Airplane Powered I  Airplane Single Engine M	t Rating(s)  at apply)  r  Lift  Airplane  fultiengine	Night	(Check all   None   Airplan   Airplan   Gyropla   Powered   Student E	that apply) e Single-Eng e Multi-Engin ne d Lift Cndorsemer	ine E	Instrument I Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft Aircraft Aircraft An 1,246	Make: _Model: ting(s)  Make Make Model 402	Piper PA-24/180  Instrument (Check all the None Airplane Powered I  Airplane Single Engine M 1,152	t Rating(s) at apply) r Lift Airplane fultiengine	Night 159	(Check all   None   Airplan   Airplan   Gyropla   Powered   Student F	that apply) e Single-Eng e Multi-Engin ne d Lift  Cndorsemen  rument  Simulated  115	ine C	Instrument H Helicopter Glider Sport  dates)	Lighter Than Air
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft & M  1,246  1,128	Make: _Model: ting(s)	Piper PA-24/180  Instrument (Check all the None Airplane Powered I  Airplane Single Engine M 1,152 1,115	t Rating(s) at apply)  r Lift  Airplane fultiengine 0	Night 159 153	Check all None Airplan Gyropla Powered  Student F  Instr Actual 5 5	e Single-Eng e Multi-Engin ne d Lift  Condorsemen  Simulated  115  115	Rotorcraft 85	Glider  Glider  Glider  Glider  O	Lighter Than Air
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft Aircraft Aircraft An 1,246	Make: _Model: ting(s)  Make Make Model 402	Piper PA-24/180  Instrument (Check all the None Airplane Powered I  Airplane Single Engine M 1,152	t Rating(s) at apply) r Lift Airplane fultiengine	Night 159 153 0	Check all None Airplan Gyropla Powered  Student F  Instr Actual 5 0	that apply) e Single-Eng e Multi-Engin ne d Lift  Cndorsemer  Simulated 115 115 0	ne Enter Control of the Control of t	Glider  Glider  Glider  Glider  O	Lighter Than Air 0
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft 1,246 1,128 0	Make: Model: ting(s)  s Make Wodel 402 402 0	Airplane Single Engine  1,152 1,115 0	Airplane fultiengine	Night 159 153 0 109	Check all None Airplan Gyropla Powered  Student F  Instr Actual 5 5 0 0	e Single-Eng e Multi-Engir ane d Lift  Cndorsemer  Simulated 115 115 0 0	Rotorcraft 85 14	Glider  Glider  Glider  Glider  O  O	Lighter Than Air
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy  Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  All Aircraft & M  1,246  1,128	Make: _Model: ting(s)	Piper PA-24/180  Instrument (Check all the None Airplane Powered I  Airplane Single Engine M 1,152 1,115	t Rating(s) at apply)  r Lift  Airplane fultiengine 0	Night 159 153 0	Check all   None   Airplan   Airplan   Gyropla   Powered	that apply) e Single-Eng e Multi-Engin ne d Lift  Cndorsemer  Simulated 115 115 0	Rotorcraft 85	Glider  Glider  Glider  Glider  O	Lighter Than Air 0

		RMATIO	N							
"Flight Crewmember 2" Re OPilot OCo-Pilot	esponsibilities at the		Accident/Incide	ent eck Pilot	OFlis	ght Engineer	Oother	Flight Crew		
"Flight Crewmember 2" wa					•	5 Dugmeet	Ounce	right Ciew		
"Flight Crewmember 2" Id	entification									
First Name:				Cit	v of D	oidonoo.				
Middle Initial:						esidence:				
				Sta	te:		Z	ZIP:		
Last Name:					untry:					
Age at time of	Accident/Incident: _		Date of Birth:			mn	n/dd/yyyy			
		Cert	tificate Number:							
Degree of Injury	Seat Occupied			Rest	raint T	ype			Inflatable F	Restraints
O None O Fatal O Minor O Unknown O Serious	ORight	OFront ORear OSingle	OUnknown		vailab O None	e	Used O None		□ Not Ins	talled
Pilot Certificate(s) (Check a	ll that apply)				O Lap		O Lap onlog 3-point		☐ Installe	
□ None □ Flight		mercial	☐ US Militar		O 4-po		O 4-point		Deploy	
☐ Private ☐ Recrea	tional	ne Transpor	rt		O 5-po		O 5-point		Unknov	wn
☐ Student ☐ Sport	☐ Fligh	nt Engineer			O Unkı	nown	O Unknow	vn		
Principal Occupation	Medical Certificate			Mad	ical Ca	rtificate Va	lidit		Date of Las	ot Madi-
Constitution of the Consti	O None O Cla			20000000		mitations/waiv			Date of Las	st Medical
			se (Sport Pilot onl			ations/waivers		nknown //A		
O Unknown  Medical Certificate Limitat		known			ecial Iss			MO-5//	mm/dd/yy	vyy
Medical Certificate Special	Issuance									
Special	issuance									
Date of Last Flight Review or Equivalent, Including			Review Aircraf							
	mm/dd/nnn	Make:								
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: _ Model:								
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)	Other Aircraft Ra	Make: _ Model:	Instrument	Rating(s)		Instructor	Rating(s)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None		Make: _ Model:	Instrument (Check all tha	Rating(s)		Instructor (Check all th	Rating(s)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land	Other Aircraft Ra (Check all that apply)  None Airship	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None ☐ Airplane	Rating(s) at apply) Single-Engir	ne 🗖	Instrument A	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Airplane	Rating(s) at apply) Single-Engire Multi-Engine	ne 🗆	Instrument A Instrument H Helicopter	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Airplane Gyroplane	Rating(s) at apply) Single-Engire Multi-Engine		Instrument A Instrument H Helicopter Glider	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Airplane	Rating(s) at apply) Single-Engire Multi-Engine		Instrument A Instrument H Helicopter	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift		Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) at apply) Single-Engire Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: _ Model:	Instrument (Check all that	Rating(s)		Instructor (Check all the None Airplane Airplane Powered Student En	Rating(s) at apply) Single-Engin Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea  Type Ratings  Flight Time (Enter appropriate	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) dift		Instructor (Check all the None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift  Adorsement	ts (Include d	Instrument A Instrument H Helicopter Glider Sport	Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) iii	Night	Instructor (Check all the None Airplane Gyroplane Powered Student En	Rating(s) at apply) Single-Engin Multi-Engine e Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	Ielicopter
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) dift		Instructor (Check all the None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift  Adorsement	ts (Include d	Instrument A Instrument H Helicopter Glider Sport	Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea  Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) dift		Instructor (Check all the None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift  Adorsement	ts (Include d	Instrument A Instrument H Helicopter Glider Sport	Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea  Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) dift		Instructor (Check all the None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift  Adorsement	ts (Include d	Instrument A Instrument H Helicopter Glider Sport	Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Other Aircraft Ra (Check all that apply)  None Airship Balloon Glider Gyroplane Helicopter Powered Lift  The	Make: _ Model: ating(s)	Instrument (Check all that None Airplane Powered L	Rating(s) at apply) dift		Instructor (Check all the None Airplane Gyroplan Powered Student En	Rating(s) at apply) Single-Engine Multi-Engine Lift  Adorsement	ts (Include d	Instrument A Instrument H Helicopter Glider Sport	Lighter

	SHT CREWME	MDLKS	LACIUSI	VE OI CADIII C	ew, complet	e the followir	ng information)		
Crew Name and Addi	ress						Seat Occupi		Injury
First Name:		City	of Reside	ence:			O Left	<b>O</b> Front	O None
Middle Initial:	_	State	e:		ZIP:		O Center O Right	O Rear O Single	O Minor
Last Name:		Cou	intry:			-	Right	O Unknown	O Serious O Fatal O Unknown
Pilot Certificate(s) (C.	heck all that apply)						Restraint Ty	- A W. OST // /	Inflatable
□ None □ Private	Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints
Student	Recreational Sport	The second second	line Trans ght Engine		reign		O Lap Only	O Lap Only	Not Installed
200		<b>—</b> 1 115	Engine			*	O 3-point O 4-point	O 3-point O 4-point	☐ Installed☐ Not Deployed
Type Rating/Endorse			Total F	light Time a	t the Time		O 5-point	O 5-point	Deployed
Accident/Incident Air	Accident/Incident Aircraft?						O Unknown	☐ Unknown	
Crew Name and Addr	ess						Seat Occupie	ed	Injury
First Name:		City	of Reside	ence:			OLeft	OFront	ONone
Middle Initial:	_						OCenter ORight	O Rear O Single	O Minor
Last Name:		Cour	ntry:				ORight	OUnknown	O Serious O Fatal
Dilet Centificate(s) (G					-				O Unknown
Pilot Certificate(s) (Ci		<b>5</b> 0					Restraint Ty Available	pe: Used	Inflatable
☐ Private	☐ Flight Instructor ☐ Recreational		nmercial ine Trans		Military		O None	O None	Restraints
Student	Sport		tht Engine	STATE	reign		O Lap Only O 3-point		☐ Not Installed☐ Installed☐
Type Rating/Endorse	mont for		T-4-LE	n: 1 / m:	)		O 4-point	O 3-point O 4-point	■ Not Deployed
Accident/Incident Airc		□No		light Time a Accident/Inci		hrs	O 5-point O Unknown	O 5-point	☐ Deployed ☐ Unknown
			OT THE !	recident, rice	dent.		Olikilowii	O Unknown	<del>2. 2</del> 1
PASSENGER(S)	OTHER PERSO	ONNEL (I	include d	cabin crew: c	ontinue on s	eparate shee	t if necessary)		
PASSENGER(S) /	OTHER PERSO	ONNEL (I	Include o	cabin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Address	OTHER PERSO	ONNEL (I	include d	Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
Name and Address				Seat	Injury	Restraint T	ype Used	Restraints	Age
	City :			Seat  OLeft	Injury  None	Restraint T	ype	Restraints	Age  Under 5 years
Name and Address  First Name: William  Middle Initial:	City : State:	ZIP:		Seat  OLeft OCenter ORight	Injury  None OMinor OSerious	Restraint T  Available O None O Lap Only O 3-point	Used O None Lap Only 3-point	Restraints  □ Not Installed □ Installed □ Not Deployed	☐ Under 5 years  If Under 5,
Name and Address  First Name: William  Middle Initial:  Last Name: MacElvaine	City : State: Country:	ZIP:	_	Seat  OLeft OCenter ORight OUnknown	Injury  None OMinor OSerious OFatal	Restraint T  Available  O None  O Lap Only  0 3-point  O 4-point  O 5-point	Used O None O Lap Only	Restraints  □ Not Installed □ Installed □ Not Deployed □ Deployed	☐ Under 5 years  If Under 5,  ○ Child Restraint
Name and Address  First Name: William  Middle Initial:	City : State:	ZIP:	_	Seat  OLeft OCenter ORight	Injury  None OMinor OSerious	Restraint T  Available  O None  O Lap Only  O 3-point  O 4-point	Used O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,
Name and Address  First Name: William  Middle Initial:  Last Name: MacElvaine  OCrew	City : State: Country: Passenger	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2	ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only ③3-point O4-point O5-point OUnknown  Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Not Installed ✓ Installed ✓ Installed ✓ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held
Name and Address  First Name: William  Middle Initial:  Last Name: MacElvaine	City : State: Country:  OPassenger City :	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2	ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only ③3-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	Not Installed ☑ Installed ☑ Installed ☑ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed	☐ Under 5 years  If Under 5,  O Child Restraint O Lap-Held
Name and Address  First Name: William  Middle Initial:  Last Name: MacElvaine  OCrew  First Name:  Middle Initial:	City: State: Country: Passenger City: State:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight	ONone OHano	Restraint T  Available ONone OLap Only ③3-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	Not Installed Installed Installed Deployed Deployed Unknown  Not Installed 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: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name:	City: State: Country: Passenger  City: State: Country:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T  Available ONone OLap Only ③3-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	Not Installed Installed Installed 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: William  Middle Initial:  Last Name: MacElvaine  OCrew  First Name:  Middle Initial:	City: State: Country: Passenger City: State:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight	ONone OHano	Restraint T  Available ONone OLap Only ③3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point	Not Installed Installed Installed Deployed Deployed Unknown  Not Installed 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: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew	City: State: Country: Passenger  City: State: Country: OPassenger	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only ③3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown  Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used	Not Installed Installed Installed Deployed Unknown  Not Installed Installed Installed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name:	City: State: Country: Passenger  City: State: Country: OPassenger  City:	ZIP:Ooth	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-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	Not Installed Installed Installed Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial:	City: State: Country:  Passenger  City: State: Country:  OPassenger  City: State: State: State:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only ③3-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 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 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	Not Installed Installed Installed Installed Installed Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: Country: Passenger  City: State: Country: Passenger  City: State: Country:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point 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 4-point O 4-point	Not Installed Installed Installed Installed Installed Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial:	City: State: Country:  Passenger  City: State: Country:  OPassenger  City: State: State: State:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only ③3-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 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 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	Not Installed Installed Installed Installed Installed Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: OCrew  Crew  Crew  Crew	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger	ZIP:Ooth	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-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 O4-point O5-point OUnknown  Available Available	Used ONone OLap Only O 3-point O4-point OUnknown  Used ONone OLap Only O3-point O4-point O5-point OUnknown  Used ONone OLap Only O3-point O4-point O5-point OUnknown  Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Used	Not Installed Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Deployed Deployed Unknown  Not Installed Installed Installed Unknown  Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last 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: Country: OPassenger  OPassenger  City: Country:	ZIP:Ooth	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight OUnknown Row:	Injury  None 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  OLap Only O3-point O4-point	Used ONone OLap Only O 3-point O4-point O Unknown  Used ONone OLap Only O 3-point O4-point O5-point OUnknown  Used ONone OLap Only O 3-point O4-point O5-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown	Not Installed Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial:	City: State: Country:  OPassenger  City: State: Country: OPassenger  City: State: Country: Country: Country: State: State: State: State: State: State: State: State:	ZIP:Ooth ZIP:Ooth ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None 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 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 O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown	Used ONone OLap Only O 3-point O4-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years
Name and Address  First Name: William  Middle Initial: Last Name: MacElvaine  OCrew  First Name: Middle Initial: Last 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: Country: Country: Country: State: State: State: State: State: State: State: State:	ZIP:Ooth ZIP:Ooth ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None 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 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 O4-point O5-point O4-point O5-point OLap Only O3-point O4-point O4-point O5-point OLap Only O3-point O4-point O4-point O5-point OLap Only	Used ONone OLap Only O 3-point O4-point O Unknown  Used ONone OLap Only O 3-point O4-point O5-point OUnknown  Used ONone OLap Only O 3-point O Unknown  Used ONone OLap Only O 3-point O Unknown  Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown  Used ONone OLap Only O 1-point	Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed	□ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years

FORMATION								
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ass G emo Area farning Area rohibited Area estricted Area	☐ Mili ☐ Airr ☐ Jet 7 ☐ TRS ☐ FAF	itary Operator Advise Fraining A	sory Are Area	ea	□Special □Air Traffic Contr □Unknown	rol Area		de of In-Flight rence: ft msl
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✓ None □ Rain □ Snow □ Hail □ Rain Showers	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellet ☐ Snow Grain		reezing Snow Sl ce Pelle	nower ets Shower	✓ None ☐ Blowing Do ☐ Blowing Sa ☐ Blowing Sn	ust Gray Gray	Fog Ground Fo Haze Ice Fog Smoke	og
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Aircraft Dan	nage	Aircraft Fire		Aircraft Explosion	
O None O Minor	<ul><li>Substantial</li><li>Destroyed</li><li>Unknown</li></ul>	<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

## 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 4/29/2019 I and William MacElvaine were tasked with over flying reconnaissance of illegal marijuana gardens in the Tulare county Sheriffs Department T206H N189JC. Before the Start of are flight I walked to the passenger door with MacElvaine to assist him if need be on entering the aircraft through the front rear passenger door and he sat down in the right passenger seat, I checked the furthest rear passenger door to make sure it was secure and did not shut the front passenger door due to knowing MacElvaine had operated that door in past flights. Upon my entry to the aircraft I looked back to checked to make sure MacElvain had secured himself and the front passenger door, I observed him shut the door and latch the front door, he then proceeded to attempt to pull his seat belt that was behind his seat it appeared to give him difficulty when trying to pass the belt between the seat and door. Upon noticing this I advised him that he may sit in the left passenger seat if he would like, he then moved to the left seat from the right seat and fastened his seat belt. At 12:37 I started the engine went through my checks and Taxied to the active runway. Before takeoff I did my pre takeoff checks and looked back to visually and verbally check with MacElvaine, all appeared to be in check. We took off from the Porterville airport and flew over various locations in the Tulare county area all wile experiencing light turbulence. After approximately a hour and twenty four minutes of flight while maneuvering down from 2,000ft MSL to 1,600FT MSL and banking to the left I heard the sound of a brief whistle then a loud boom sound, startled I looked back to see the rear passenger door open. I looked over to MacElvaine to see if he appeared alright he appeared to be ok and verbally expressed that he was ok. The aircraft did not feel to be out of my control so I then proceeded from over the Teviston area to the Porterville Airport. After landing I taxied the aircraft to Del-Air to assess the damage to the aircraft. I was puzzled on how the back door that appeared to be latched and secured could have opened in flight. After assessment off the aircraft doors the mechanic Chris Shaw demonstrated that both doors could be opened if the lower latch is swung down which leads me to believe that when the seat belt was being pulled from behind the right passenger seat and the doors it must have pulled on the door latch enough to dislodge it. I did not notice the door latch to be out of place. Should more concern on the Circumstance of the seat belt being pulling past the latch handle been thought of on my part it may have been caught before becoming a hazard.

RECOMMENDATION (Ho	w could this	accident/incident h	ave been pre	evented?)	The second		
Operator/Owner Safety Recomm	nendation		•				
This incident could have beer closed both pasenger doors f	n pervented	had I had the right	seat belt in	the forwa	ard position of t	the seat for the pas	senger opon entry and
passings, doors	or the pasci	igor.					
MECHANICAL MALFUI	NCTION/I	FAILURE (If mo	re space is r	eeded co	ontinue on sena	rate sheet)	
Was there Mechanical Malfun	ction/Failur	e?    Yes    No	The state of the s		munue on sepai	rate sileet)	Total Time/Cycles
(If yes, list the name of the part, man	ufacturer, par	t no., serial no., and de	scribe the failu	ire.)			On Part
							Hours
							Cycles
							Time Since This Part Inspected/Overhauled
							05001
							Hours
<b>FUEL &amp; SERVICES INF</b>	ORMATI	ON	Res William	2000		100000000000000000000000000000000000000	
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary)		○ 80/87 ○ 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	O Other, specify	
47	Gallons	O 100/130	O Jet A-1		O Automotive		
Other Services, if Any, Prior to	) Departure						
					4		
EVACUATION OF AIRC	RAFT						
Was an emergency evacuation	of the aircra	aft performed?	☐ Yes	☑ No			
Method of Exit – Describe how	the occupant	s exited and how ma	ny occupants	s evacuate	d each location		
OTHER AIRCRAFT - C	OLLISIO	(If air or ground	collision occ	urred, co	mplete this sect	tion for other aircrat	ft)
Aircraft Registration Number	Manufacti	ırer:					nage to Other Aircraft
	Model:						Destroyed
Registered Owner of Other Air	ceraft			Pilot of	Other Aircraft		
Name:				Name:			
City: ZIP:				City:		ZIP:	
Country				C			

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
		is needed for any answers.		
256		***************************************		
k-1 - 1- 1 - 1				
r - 121 -				
1				
I HEREBY CERTIFY	THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE E	SEST OF MY KNOWLEDGE
Date of this Report	Name of 1	Pilot/Operator: Jake Daniels		
05/06/2019	Signature			
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/Op	erator is Filing Report		
			Title	
V. 1000		o electronically sign this document		
0r 🔲 C	neck here to	selectionically sign this document		
	THE REAL PROPERTY.	FOR NTSB		
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA19CA372		GAA	Kate Benhoff	6/27/2019