

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Baublitz Commercial Airport, Brogue State: PA  
 ZIP: 17309 Country: U.S.  
 Latitude: N39°51.14' Longitude: W76°29.18'  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 11/19/2019 Local Time: 3:45 p.m.  
*mm/dd/yyyy* Time Zone: Eastern  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N71707  
**Manufacturer:** Luscombe  
**Model:** 8A  
**Serial Number:** 3134  
**Year of Manufacture:** 1946  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 1260 lbs  
**Weight at Time of Accident/Incident:** 1026 lbs  
**Number of Seats:** 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
**Number of Engines:** 1

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard** **Special**  
 Normal  Restricted  
 Aerobatic  Limited  
 Balloon  Provisional  
 Commuter  Special Flight  
 Transport  Experimental  
 Utility  Special Light-Sport  
 Experimental Light-Sport  
 Certificate of Authorization or Waiver (COA)  
 None  Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  Tailwheel  
 Amphibian  High Skid  
 Emergency Float  Skid  
 Float  Ski  
 Hull  Ski/Wheel  
 Other Launch/Recovery System  
 None  Unknown

**Engine Type** *(Select one)*  
 Reciprocating  Liquid Rocket  
 Turbo Shaft  Solid Rocket  
 Turbo Prop  Hybrid Rocket  
 Turbo Jet  None  
 Turbo Fan  Unknown  
 Electric  
**Fuel System Type** *(Reciprocating)*  
 Carburetor  Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | Continental         | A65                 | 345598                       |                         | 65   |                    |                                |                  |
| Eng. 2 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |  |                    |                                |                  |

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** 1/24/2019  
*mm/dd/yyyy*  
**Airframe Total Time:** 2083.7 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: Sensenich  
 Model: W76CK42

**Propeller 2**  Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program** *(Select one)*  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** Ameri-King Corporation  
**Model or Part No.:** AK-450  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)

**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
*If activated:*  
**Did ELT Aid in Locating Aircraft?**  Yes  No  
*If not activated:*

**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**Additional Equipment** *(Check all that apply)*  
 ADS-B  
 Airframe Parachute  
 Angle of Attack Indicator  
 Autopilot  
 Data Recorder  
 Electronic Flight Bag or Handheld Device  
 Electronic Multifunction Display  
 Electronic Primary Flight Display  
 Handheld GPS  
 Heads Up Display  
 Onboard Weather  
 Satellite Tracking Device  
 Stall Warning System  
 Video Recording Device  
 Other, Specify: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Douglas A. JonesCity: Bel AirFractional Ownership Aircraft:  Yes  NoState: MD ZIP: 21014Country: U.S.**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held***(Check all that apply)*

- 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)  
 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

**Regulation Flight Conducted Under**

- FAR 91     FAR 129     FAR 415  
 FAR 103     FAR 133     FAR 431  
 FAR 121     FAR 135     FAR 435  
 FAR 125     FAR 137     FAR 437
- FAR 91 Special Flight  
 Non-US, Commercial  
 Non-US, Non-commercial
- Public Aircraft *(Select one)*  
 Armed Forces  
 Federal  
 State  
 Local  
 Unknown

**Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*

- Scheduled or Commuter     Domestic  
 Non-Scheduled or Air Taxi     International
- Passenger  
 Cargo  
 Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137***(Select one)*

- Aerial Application     Firefighting     Unknown  
 Aerial Observation     Flight Test  
 Air Drop     Glider Tow  
 Air Race/Show     Instructional  
 Banner Tow     Other Work Use  
 Business     Personal  
 Executive/Corporate     Positioning  
 External Load     Skydiving  
 Ferry

**Revenue Sightseeing Flight** Yes  No**Air Medical Flight** Yes  No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Baublitz CommercialDistance From Airport Center: .3 smAirport Identifier: 9W8Direction From Airport: 100 degrees trueProximity to Airport:  Off Airport/Airstrip     On Airport/Airstrip     N/AAirport Elevation: 750 ft. msl**Runway Information**Runway ID: 28 (L/R/C) Length: 2490 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**

- Asphalt     Grass/Turf     Macadam     Water  
 Concrete     Gravel     Metal/Wood  
 Dirt     Ice     Snow     Unknown

**Condition of Runway/Landing Surface (Check all that apply)**

- Dry     Snow-Compacted     Water-Calm  
 Holes     Snow-Crusted     Water-Choppy  
 Ice Covered     Snow-Dry     Water-Glassy  
 Rough     Snow-Wet     Wet  
 Rubber Deposits     Soft  
 Slush-Covered     Vegetation     Unknown

**Approach/Departure Segment (Select one)**

- Taxi     VFR Departure     On Instrument Approach     Downwind     Low Approach  
 Takeoff     IFR Departure Procedure/Clearance     Landing     Base     Go Around  
 Initial Climb     Final     Aborted Landing (after touchdown)  
 Crosswind     Unknown

**IFR Approach (Check all that apply)**

- None
- ADF/NDB     PAR     MLS     Practice  
 SDF     Sidestep     LDA     GPS  
 VOR/TVOR     ILS     ASR  
 VOR/DME     Localizer Only     Visual  
 TACAN     LOC-back course     Contact  
 RNAV     Circling  
 Unknown

**VFR Approach (Check all that apply)**

- None
- 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 2” INFORMATION**

**“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident**

Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    Other Flight Crew

**“Flight Crewmember 2” was pilot flying**    Yes    No

**“Flight Crewmember 2” Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|---|---|---|-----------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Available   | Used  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> None  | <input type="radio"/> None  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Lap only  | <input type="radio"/> Lap only  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |

**Pilot Certificate(s)** *(Check all that apply)*

|                                  |  |  |                                      |
|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer   |                                      |

**Medical Certificate Validity**

|   |                               |
|---|-------------------------------|
| <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown |
| <input type="radio"/> With limitations/waivers    | <input type="radio"/> N/A     |
| <input type="radio"/> Special Issuance            |                               |

**Principal Occupation**

Pilot  
 Other  
 Unknown

**Medical Certificate**

None    Class 3  
 Class 1    Driver’s License (Sport Pilot only)  
 Class 2    Unknown

**Date of Last Medical**

\_\_\_\_\_ mm/dd/yyyy

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

**Flight Review Aircraft**

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

**Airplane Rating(s)** *(Check all that apply)*

None  
 Single-Engine Land  
 Single-Engine Sea  
 Multiengine Land  
 Multiengine Sea

**Other Aircraft Rating(s)** *(Check all that apply)*

None  
 Airship  
 Balloon  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift

**Instrument Rating(s)** *(Check all that apply)*

None  
 Airplane  
 Helicopter  
 Powered Lift

**Instructor Rating(s)** *(Check all that apply)*

|   |  |
|---|--|
| <input type="checkbox"/> None                   | <input type="checkbox"/> Instrument Airplane   |
| <input type="checkbox"/> Airplane Single-Engine | <input type="checkbox"/> Instrument Helicopter |
| <input type="checkbox"/> Airplane Multi-Engine  | <input type="checkbox"/> Helicopter            |
| <input type="checkbox"/> Gyroplane              | <input type="checkbox"/> Glider                |
| <input type="checkbox"/> Powered Lift           | <input type="checkbox"/> Sport                 |

**Type Ratings**

**Student Endorsements** *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|  |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time   |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)   |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor   |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours  |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

| Crew Name and Address   | Seat Occupied  | Injury   |
|---|--|--|
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  |

| Crew Name and Address   | Seat Occupied  | Injury   |
|---|--|--|
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  |

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

| Name and Address   | Seat  | Injury   | Restraint Type   | Inflatable Restraints  | Age   |
|--|---|--|--|--|---|
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

## FLIGHT ITINERARY INFORMATION

|  |   |   |  |
|--|---|---|--|
| <b>Last Departure Point</b><br>Airport ID: <u>W42</u><br>City: <u>Fallston</u><br>State: <u>MD</u><br>Country: <u>U.S.</u> | <b>Time of Departure</b><br>Time: <u>3:21 p.m.</u><br>Time Zone: <u>Eastern</u> | <b>Destination</b><br>Airport ID: <u>9W8</u><br>City: <u>Brogue</u><br>State: <u>PA</u><br>Country: <u>U.S.</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--|---|---|--|

**Type of ATC Clearance/Service** (Check all that apply)

|  |                                      |                                      |   |                                       |
|--|--------------------------------------|--------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

**Airspace where the accident/incident occurred** (Check all that apply)

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C            | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D            | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |   |
| <input checked="" type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |   |

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |   |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|--|---|-------------------------------|---|----------------------------------|---|--|---|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table> | <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company | <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military | <input type="checkbox"/> TV/Radio | <input checked="" type="checkbox"/> Internet | <input type="checkbox"/> Automated Report | <input type="checkbox"/> None | <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | <input type="checkbox"/> On-Board Weather |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <input type="checkbox"/> National Weather Service  | <input type="checkbox"/> Company                  |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Flight Service Station  | <input type="checkbox"/> Military                 |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> TV/Radio  | <input checked="" type="checkbox"/> Internet      |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Automated Report  | <input type="checkbox"/> None                     |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Commercial Weather Service (DUATS)  | <input type="checkbox"/> Unknown                  |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> On-Board Weather  |   |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |

|   |   |
|---|---|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|---|---|

|  |  |   |
|--|--|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input checked="" type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>3000</u> ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB |
|--|--|---|

|   |  |  |   |
|---|--|--|---|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|---|--|--|---|

|   |  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
|---|--|---|----------------------------------|--|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|---|--|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|-------------------------------|----------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> None    | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets | <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower | <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains | <input type="checkbox"/> Freezing Drizzle | <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |  | <b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog | <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog | <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze | <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog | <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke | <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> None  | <input type="checkbox"/> Drizzle   | <input type="checkbox"/> Freezing Rain      |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain   | <input type="checkbox"/> Ice Pellets   | <input type="checkbox"/> Snow Shower        |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Snow   | <input type="checkbox"/> Snow Pellets  | <input type="checkbox"/> Ice Pellets Shower |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Hail   | <input type="checkbox"/> Snow Grains   | <input type="checkbox"/> Freezing Drizzle   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain Showers   | <input type="checkbox"/> Ice Crystals  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input checked="" type="checkbox"/> None  | <input type="checkbox"/> Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Dust   | <input type="checkbox"/> Ground Fog  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Sand   | <input type="checkbox"/> Haze  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Snow   | <input type="checkbox"/> Ice Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Spray  | <input type="checkbox"/> Smoke   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Dust   | <input type="checkbox"/> Unknown   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |

|  |                                   |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
|--|-----------------------------------|-------------|----------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|---------------|-------------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|--|--------------------------------|------------------------------------|-----------------------------------|--|---------------------------------|--|----------------------------------|
| <b>Icing Forecast</b><br><table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b>                     | <b>Type</b> | <input type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b><br><table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | <b>Amount</b> | <b>Type</b> | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br><b>Type</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
| <b>Amount</b>  | <b>Type</b>                       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> None   | <input type="radio"/> N/A         |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <b>Amount</b>  | <b>Type</b>                       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Light    |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Clear Air   | <input type="checkbox"/> Moderate |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Terrain-Induced   | <input type="checkbox"/> Severe   |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="checkbox"/> Convective Turbulence   | <input type="checkbox"/> Extreme  |             |                            |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |               |             |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

**Aircraft Damage**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

propeller, cowl, fuselage, wings, main gear, elevator, tailwheel, probably engine and/or engine compartment

**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.

11/19/2019 at about 3:21 p.m. departed Fallston Airport, W42, flew en route to Baublitz Airport, 9W8, on approach to runway 28 main gear and/or tailwheel struck wire, plane went down

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

Operator/Owner Safety Recommendation

maintain proper altitude

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure?  Yes  No  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

14 \_\_\_\_\_ Gallons

**Fuel Type**
 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead               Jet A                       JP8  
 100/130                       Jet A-1                       Automotive
**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?  Yes  No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

exited by pilot door

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

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**
 Destroyed                       Minor  
 Substantial                       None
**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION (Please type or print in ink)**

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

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

**Date of this Report**

11/29/2019  
*mm/dd/yyyy*

**Name of Pilot/Operator:** Douglas A. Jones

**Signature:** \_\_\_\_\_

-- or --  Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**  
GAA20CA090

**Reviewed by NTSB Regional Office**  
GAA

**Name of Investigator**  
Eric M. Gutierrez

**Date Report Received**  
12/2/2019