

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

<b>Accident/Incident Location</b> Nearest City/Place: <u>Dalton</u> State: <u>GA</u> ZIP: <u>30721</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		<b>Accident/Incident Date/Time</b> Date: <u>09/29/2019</u> Local Time: <u>7:00 p.m.</u> <small>mm/dd/yyyy</small> Time Zone: <u>Eastern</u>	
<b>Collision with Other Aircraft:</b>		Midair	On-ground
		<input checked="" type="radio"/> None	

<b>Registration Number:</b> _____	<b>IFR-Equipped and Certified</b>
<b>Manufacturer:</b> <u>Aquila Wings</u>	<b>Commercial Space Flight</b>
<b>Model:</b> <u>Windless</u>	<b>Unmanned Aircraft</b>
<b>Serial Number:</b> _____	<b>Maximum Gross Weight:</b> _____ lbs
<b>Year of Manufacture:</b> <u>1998</u>	<b>Weight at Time of Accident/Incident:</b> _____ lbs
<b>Amateur-Built:</b> Yes <u>If Yes:</u> <u>Kit/Plans</u> <b>Make:</b> _____	<b>Number of Seats:</b> <u>2</u> <b>Flight Crew Seats:</b> _____
No <b>Original Design</b>	<b>Cabin Crew Seats:</b> _____ <b>Passenger Seats:</b> _____
	<b>Number of Engines:</b> <u>1</u>

<b>Category of Aircraft</b>	<b>Type of Airworthiness Certificate</b> (Check all that apply)		<b>Landing Gear</b> (Check all that apply)	<b>Engine Type</b> (Select one)
Airplane	<b>Standard</b>	<b>Special</b>	Retractable	<u>Reciprocating</u> Liquid Rocket
Balloon	Normal	Restricted	<u>Tricycle</u> Tailwheel	Turbo Shaft Solid Rocket
Blimp/Dirigible	Aerobatic	Limited	Amphibian	Turbo Prop Hybrid Rocket
Glider	Balloon	Provisional	Emergency Float	Turbo Jet None
Gyroplane	Commuter	Special Flight	Float	Turbo Fan Unknown
Helicopter	Transport	Experimental	Hull	Electric
Powered Lift	Utility	Special Light-Sport		<b>Fuel System Type</b> (Reciprocating)
Rocket		Experimental Light-Sport	Other Launch/Recovery System	<u>Carburetor</u> Fuel-Injected
<u>Ultralight</u>	Certificate of Authorization or Waiver (COA)		None	
Unknown	None	<u>Unknown</u>	Unknown	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm dd yyyy</small>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Rotax	903 dual carb	4839015		53 HP	206		
Eng 2								
Eng 3								
Eng 4								

<b>Last Inspection Type</b> 100-Hour _____ Continuous Airworthiness AAIP _____ Conditional Inspection Annual _____ <b>Unknown</b>	<b>Propeller 1</b> Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	<b>Propeller 2</b> Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
<b>Date Last Inspection:</b> _____ _____ mm/dd/yyyy <b>Airframe Total Time:</b> <b>206</b> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____	<b>ELT Installed:</b> Yes <b>No</b> If Yes: <b>ELT Manufacturer:</b> _____ <b>Model or Part No.:</b> _____ <b>TSO No.:</b> C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)	<b>Additional Equipment</b> (Check all that apply) <b>ADS-B</b> <b>Airframe Parachute</b> 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: _____
<b>Type of Maintenance Program</b> (Select one) Annual _____ <b>Conditional (Amateur-built only)</b> Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	<b>Was ELT still mounted in aircraft?</b> Yes No <b>Was ELT still connected to antenna?</b> Yes No <b>Did ELT Activate?</b> Yes No If activated: <b>Did ELT Aid in Locating Aircraft:</b> Yes No If not activated: <b>Indicate Reason:</b> Impact Damage Fire Damage Battery Expired/Damaged Unknown	
<b>Description of Fire Extinguishing System</b> <b>None</b> Specify: _____		

OWNER/OPERATOR INFORMATION																															
<b>Registered Aircraft Owner</b> Name: <u>Bruce Cantrell</u>		City: <u>Dalton</u> State: <u>GA</u> ZIP: <u>30721</u> Country: <u>USA</u>																													
Fractional Ownership Aircraft: Yes No																															
<b>Operator of Aircraft</b> <i>Same As Registered Owner</i> Name: <u>Bruce Cantrell</u>		<i>Same Address as Registered Owner</i> City: <u>Dalton</u> State: <u>GA</u> ZIP: <u>30721</u> Country: <u>USA</u>																													
Doing Business As: _____																															
Air Carrier/Operator Designator (4 Character Code): _____																															
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation <input type="checkbox"/> Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <table style="width: 100%; border: none;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial  <b>Public Aircraft (Select one)</b> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	FAR 91	FAR 129	FAR 415	FAR 103	FAR 133	FAR 431	FAR 121	FAR 135	FAR 435	FAR 125	FAR 137	FAR 437	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Scheduled or Commuter</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Non-Scheduled or Air Taxi</td> <td><input type="checkbox"/> International</td> </tr> </table> <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only		<input type="checkbox"/> Scheduled or Commuter	<input type="checkbox"/> Domestic	<input type="checkbox"/> Non-Scheduled or Air Taxi	<input type="checkbox"/> International												
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FAR 125	FAR 137	FAR 437																													
<input type="checkbox"/> Scheduled or Commuter	<input type="checkbox"/> Domestic																														
<input type="checkbox"/> Non-Scheduled or Air Taxi	<input type="checkbox"/> International																														
<b>Revenue Sightseeing Flight</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Air Medical Flight</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Aerial Application</td> <td><input type="checkbox"/> Firefighting</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Aerial Observation</td> <td><input type="checkbox"/> Flight Test</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air Drop</td> <td><input type="checkbox"/> Glider Tow</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air Race/Show</td> <td><input type="checkbox"/> Instructional</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Banner Tow</td> <td><input type="checkbox"/> Other Work Use</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Business</td> <td><input checked="" type="checkbox"/> Personal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Executive/Corporate</td> <td><input type="checkbox"/> Positioning</td> <td></td> </tr> <tr> <td><input type="checkbox"/> External Load</td> <td><input type="checkbox"/> Skydiving</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Ferry</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Firefighting	<input type="checkbox"/> Unknown	<input type="checkbox"/> Aerial Observation	<input type="checkbox"/> Flight Test		<input type="checkbox"/> Air Drop	<input type="checkbox"/> Glider Tow		<input type="checkbox"/> Air Race/Show	<input type="checkbox"/> Instructional		<input type="checkbox"/> Banner Tow	<input type="checkbox"/> Other Work Use		<input type="checkbox"/> Business	<input checked="" type="checkbox"/> Personal		<input type="checkbox"/> Executive/Corporate	<input type="checkbox"/> Positioning		<input type="checkbox"/> External Load	<input type="checkbox"/> Skydiving		<input type="checkbox"/> Ferry			
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<b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>																															
Airport Name: <u>Pratermill Flight Park</u> Airport Identifier: <u>GA 12</u> Proximity to Airport: <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport/Airstrip <input type="checkbox"/> N/A		Distance From Airport Center: <u>300 yards</u> sm Direction From Airport: <u>East</u> degrees true Airport Elevation: <u>780</u> ft. msl																													
<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown																													
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asphalt</td> <td><input checked="" type="checkbox"/> Grass/Turf</td> <td><input type="checkbox"/> Macadam</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Gravel</td> <td><input type="checkbox"/> Metal/Wood</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dirt</td> <td><input type="checkbox"/> Ice</td> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>				<input type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood		<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown																
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<b>Approach/Departure Segment</b> <i>(Select one)</i> <input checked="" type="checkbox"/> Taxi <input type="checkbox"/> VFR Departure <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input checked="" type="checkbox"/> Takeoff <input type="checkbox"/> IFR Departure Procedure/Clearance <input type="checkbox"/> Landing <input type="checkbox"/> Base <input type="checkbox"/> Go Around Initial Climb <input type="checkbox"/> Final <input type="checkbox"/> Aborted Landing (after touchdown) <input type="checkbox"/> Crosswind <input type="checkbox"/> Unknown																															
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ADF/NDB</td> <td><input type="checkbox"/> PAR</td> <td><input type="checkbox"/> MLS</td> <td><input type="checkbox"/> Practice</td> </tr> <tr> <td><input type="checkbox"/> SDF</td> <td><input type="checkbox"/> Sidestep</td> <td><input type="checkbox"/> LDA</td> <td><input type="checkbox"/> GPS</td> </tr> <tr> <td><input type="checkbox"/> VOR/TVOR</td> <td><input type="checkbox"/> ILS</td> <td><input type="checkbox"/> ASR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> VOR/DME</td> <td><input type="checkbox"/> Localizer Only</td> <td><input type="checkbox"/> Visual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TACAN</td> <td><input type="checkbox"/> LOC-back course</td> <td><input type="checkbox"/> Contact</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> RNAV</td> <td><input type="checkbox"/> Circling</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> PAR	<input type="checkbox"/> MLS	<input type="checkbox"/> Practice	<input type="checkbox"/> SDF	<input type="checkbox"/> Sidestep	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS	<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> ILS	<input type="checkbox"/> ASR		<input type="checkbox"/> VOR/DME	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Visual		<input type="checkbox"/> TACAN	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Contact			<input type="checkbox"/> RNAV	<input type="checkbox"/> Circling					<input type="checkbox"/> Unknown	<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop  <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing  <input type="checkbox"/> Unknown	
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			<input type="checkbox"/> Unknown																												

"FLIGHT CREWMEMBER 1" INFORMATION											
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="radio"/> Pilot</span> <span><input type="radio"/> Co-Pilot</span> <span><input type="radio"/> Student Pilot</span> <span><input type="radio"/> Flight Instructor</span> <span><input type="radio"/> Check Pilot</span> <span><input type="radio"/> Flight Engineer</span> <span><input type="radio"/> Other Flight Crew</span> </div>											
<b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="radio"/> Yes <input type="radio"/> No											
<b>"Flight Crewmember 1" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Mike</u>            Middle Initial: <u>L</u>            Last Name: <u>Green</u> </div> <div>           City of Residence: <u>Dalton</u>            State: <u>GA</u>      ZIP: <u>30721</u>            Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>41</u>      Date of Birth: <u>1958</u> mm/dd/yyyy            Certificate Number: _____         </div>											
<b>Degree of Injury</b> None <input type="radio"/> <input checked="" type="radio"/> Fatal Minor <input type="radio"/> Unknown <input type="radio"/>		<b>Seat Occupied</b> Left <input type="radio"/> <input checked="" type="radio"/> Front Right <input type="radio"/> Rear Center <input type="radio"/> Single <input type="radio"/> Unknown		<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input checked="" type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input checked="" type="radio"/> Lap only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>			<b>Inflatable Restraints</b> <input checked="" type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown				
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None  <input type="radio"/> Private  <input type="radio"/> Student               </div> <div> <input type="radio"/> Flight Instructor  <input type="radio"/> Recreational  <input type="radio"/> Sport               </div> <div> <input checked="" type="radio"/> Commercial  <input checked="" type="radio"/> Airline Transport  <input type="radio"/> Flight Engineer               </div> <div> <input type="radio"/> US Military  <input type="radio"/> Foreign               </div> </div>				<b>Medical Certificate Validity</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Without limitations/waivers  <input type="radio"/> With limitations/waivers  <input type="radio"/> Special Issuance               </div> <div> <input checked="" type="radio"/> Unknown  <input type="radio"/> N/A               </div> </div>			<b>Date of Last Medical</b> <u>Unknown</u> mm/dd/yyyy				
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None  <input type="radio"/> Class 1  <input type="radio"/> Class 2               </div> <div> <input type="radio"/> Class 3  <input checked="" type="radio"/> Driver's License (Sport Pilot only)  <input checked="" type="radio"/> Unknown               </div> </div>		<b>Medical Certificate Limitations</b> <u>Unknown</u>			<b>Medical Certificate Special Issuance</b> <u>Unknown</u>				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____							
<b>Airplane Rating(s)</b> (Check all that apply) <input type="radio"/> None <input type="radio"/> Single-Engine Land <input type="radio"/> Single-Engine Sea <input type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> (Check all that apply) <input type="radio"/> None <input type="radio"/> Airship <input type="radio"/> Balloon <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift		<b>Instrument Rating(s)</b> (Check all that apply) <input type="radio"/> None <input type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift		<b>Instructor Rating(s)</b> (Check all that apply) <input type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift		Instrument Airplane Instrument Helicopter Helicopter Glider Sport			
<b>Type Ratings</b> <u>Unknown</u>				<b>Student Endorsements</b> (Include dates) <u>Unknown</u>							
<b>Flight Time</b> (Enter appropriate number of hours in each box)		<b>All Aircraft</b>		<b>This Make &amp; Model</b>		<b>Airplane Single Engine</b>		<b>Airplane Multiengine</b>		<b>Night</b>	
Total Time		_____		_____		_____		_____		_____	
Pilot in Command (PIC)		_____		_____		_____		_____		_____	
Time as Instructor		_____		_____		_____		_____		_____	
This Make/Model		_____		_____		_____		_____		_____	
Last 90 Days		_____		_____		_____		_____		_____	
Last 30 Days		_____		_____		_____		_____		_____	
Last 24 Hours		_____		_____		_____		_____		_____	

<b>"FLIGHT CREWMEMBER 2" INFORMATION</b>																																																																																																				
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Pilot</span> <span>Co-Pilot</span> <span>Student Pilot</span> <span>Flight Instructor</span> <span>Check Pilot</span> <span>Flight Engineer</span> <span>Other Flight Crew</span> </div>																																																																																																				
<b>"Flight Crewmember 2" was pilot flying</b> Yes      No																																																																																																				
<b>"Flight Crewmember 2" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: _____            Middle Initial: _____            Last Name: _____         </div> <div>           City of Residence: _____            State: _____ ZIP: _____            Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: _____           Date of Birth: _____ <i>mm/dd/yyyy</i> </div> <div style="text-align: center; margin-top: 5px;">           Certificate Number: _____         </div>																																																																																																				
<b>Degree of Injury</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> <span>Fatal</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Minor</span> <span>Unknown</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Serious</span> </div>		<b>Seat Occupied</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Left</span> <span>Front</span> <span>Unknown</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Right</span> <span>Rear</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Center</span> <span>Single</span> </div>			<b>Restraint Type</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Available</span> <span>Used</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> <span>None</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Lap only</span> <span>Lap only</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>3-point</span> <span>3-point</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>4-point</span> <span>4-point</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>5-point</span> <span>5-point</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Unknown</span> <span>Unknown</span> </div>				<b>Inflatable Restraints</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Not Installed</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Installed</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Not Deployed</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Deployed</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Unknown</span> </div>																																																																																											
<b>Pilot Certificate(s) (Check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> <span>Flight Instructor</span> <span>Commercial</span> <span>US Military</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Private</span> <span>Recreational</span> <span>Airline Transport</span> <span>Foreign</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Student</span> <span>Sport</span> <span>Flight Engineer</span> </div>					<b>Medical Certificate Validity</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Without limitations/waivers</span> <span>Unknown</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>With limitations/waivers</span> <span>N/A</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Special Issuance</span> </div>		<b>Date of Last Medical</b> <div style="text-align: center; font-size: x-small;">           _____  <i>mm/dd/yyyy</i> </div>																																																																																													
<b>Principal Occupation</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Pilot</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Other</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Unknown</span> </div>		<b>Medical Certificate</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> <span>Class 3</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Class 1</span> <span>Driver's License (Sport Pilot only)</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Class 2</span> <span>Unknown</span> </div>			<b>Medical Certificate Limitations</b> <div style="height: 40px;"></div>																																																																																															
<b>Medical Certificate Special Issuance</b> <div style="height: 40px;"></div>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <div style="text-align: center; font-size: x-small;">           _____  <i>mm/dd/yyyy</i> </div>					<b>Flight Review Aircraft</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Make: _____</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Model: _____</span> </div>																																																																																															
<b>Airplane Rating(s) (Check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Single-Engine Land</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Single-Engine Sea</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Multiengine Land</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Multiengine Sea</span> </div>		<b>Other Aircraft Rating(s) (Check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Airship</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Balloon</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Glider</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Gyroplane</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Helicopter</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Powered Lift</span> </div>		<b>Instrument Rating(s) (Check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Airplane</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Helicopter</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Powered Lift</span> </div>		<b>Instructor Rating(s) (Check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>None</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Airplane Single-Engine</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Airplane Multi-Engine</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Gyroplane</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Powered Lift</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Instrument Airplane</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Instrument Helicopter</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Helicopter</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Glider</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Sport</span> </div>																																																																																														
<b>Type Ratings</b> <div style="height: 40px;"></div>						<b>Student Endorsements (Include dates)</b> <div style="height: 40px;"></div>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="text-align: center; padding: 2px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">This Make &amp; Model</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 2px;">Night</th> <th colspan="2" style="text-align: center; padding: 2px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 2px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 2px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 2px;">Actual</th> <th style="text-align: center; padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 2px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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<b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)										
<b>Crew Name and Address</b>					<b>Seat Occupied</b>		<b>Injury</b>			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply)					<b>Restraint Type:</b>		<b>Inflatable Restraints</b>			
None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer					<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs							
Yes      No										
<b>Crew Name and Address</b>					<b>Seat Occupied</b>		<b>Injury</b>			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown		None Minor Serious Fatal Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply)					<b>Restraint Type:</b>		<b>Inflatable Restraints</b>			
None      Flight Instructor      Commercial      US Military Private      Recreational      Airline Transport      Foreign Student      Sport      Flight Engineer					<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b>			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs							
Yes      No										
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)										
<b>Name and Address</b>				<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>	<b>Age</b>	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew      Passenger      Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
									Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew      Passenger      Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
									Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew      Passenger      Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
									Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew      Passenger      Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<b>Available</b> None Lap Only 3-point 4-point 5-point Unknown		<b>Used</b> None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
									Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION						
<b>Last Departure Point</b> Airport ID: <u>GA 72</u> City: <u>Dalton</u> State: <u>GA</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>7:00pm</u> Time Zone: <u>Eastern</u>		<b>Destination</b> Airport ID: <u>GA 72</u> City: <u>Dalton</u> State: <u>GA</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Company VFR  <input type="checkbox"/> Military VFR  <input type="checkbox"/> VFR               </div> <div>                 VFR/IFR                  IFR                  Unknown               </div> </div> Activated?    Yes    No    Unknown
<b>Type of ATC Clearance/Service (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> VFR               </div> <div> <input type="checkbox"/> Special VFR  <input type="checkbox"/> IFR               </div> <div> <input type="checkbox"/> Special IFR  <input type="checkbox"/> VFR On Top               </div> <div> <input type="checkbox"/> VFR Flight Following  <input type="checkbox"/> Traffic Advisory               </div> <div> <input type="checkbox"/> Cruise  <input type="checkbox"/> Unknown / NA               </div> </div>						
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div>           Class A            Class B            Class C            Class D            Class E         </div> <div>           Class G            Demo Area            Warning Area            Prohibited Area            Restricted Area         </div> <div>           Military Operations Area (MOA)            Airport Advisory Area            Jet Training Area            TRSA            FAR 93         </div> <div>           Special            Air Traffic Control Area            Unknown         </div> <div> <b>Altitude of In-Flight Occurrence:</b>            _____ ft msl         </div> </div>						
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE						
<b>Source of Pilot Weather Information (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service  <input type="checkbox"/> Flight Service Station  <input type="checkbox"/> TV/Radio  <input type="checkbox"/> Automated Report  <input type="checkbox"/> Commercial Weather Service (DUATS)  <input type="checkbox"/> On-Board Weather               </div> <div> <input type="checkbox"/> Company  <input type="checkbox"/> Military  <input type="checkbox"/> Internet  <input type="checkbox"/> None  <input type="checkbox"/> Unknown               </div> </div>			<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true			
<b>Basic Conditions</b> VMC IMC Unknown		<b>Light Condition</b> <div style="display: flex; justify-content: space-between;"> <div>           Dawn            Day         </div> <div>           Dusk            Night         </div> <div>           Dark Night            Bright Night         </div> <div>           Unknown         </div> </div>				
<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div>           Clear            Few            Partial Obscuration            Scattered         </div> <div>           Thin Broken            Thin Overcast            Unknown         </div> </div> <b>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling</b> <div style="display: flex; justify-content: space-between;"> <div>           None (Clear)            Broken            Overcast         </div> <div>           Obscured            Indefinite            Unknown         </div> </div> <b>Ceiling Height</b> _____ ft agl		<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in Hg or _____ MB		
<b>Wind Direction</b> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> Calm Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> _____ miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft			
<b>Intensity of Precipitation</b> Light Moderate Heavy N/A Unknown		<b>Type of Precipitation (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div>           None            Rain            Snow            Hail            Rain Showers         </div> <div>           Drizzle            Ice Pellets            Snow Pellets            Snow Grains            Ice Crystals         </div> <div>           Freezing Rain            Snow Shower            Ice Pellets Shower            Freezing Drizzle         </div> </div>		<b>Restriction to Visibility (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div>           None            Blowing Dust            Blowing Sand            Blowing Snow            Blowing Spray            Dust         </div> <div>           Fog            Ground Fog            Haze            Ice Fog            Smoke            Unknown         </div> </div>		
<b>Icing Forecast</b> <div style="display: flex; justify-content: space-between;"> <div>           Amount            None            Trace            Light            Moderate            Severe            Unknown         </div> <div>           Type            N/A            Rime            Clear            Mixed            Unknown         </div> </div>		<b>Icing Actual</b> <div style="display: flex; justify-content: space-between;"> <div>           Amount            None            Trace            Light            Moderate            Severe            Unknown         </div> <div>           Type            N/A            Rime            Clear            Mixed            Unknown         </div> </div>		<b>Turbulence</b> <div style="display: flex; justify-content: space-between;"> <div>           Type (Check all that apply)            None            Clear Air            Terrain-Induced            Convective Turbulence         </div> <div>           Severity            Light            Moderate            Severe            Extreme         </div> </div>		
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>   						

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**None  
MinorSubstantial  
Destroyed  
Unknown**Aircraft Fire**NoneIn-Flight  
On-GroundBoth Ground and In-Flight  
Fire at Unknown Time  
Unknown**Aircraft Explosion**NoneIn-Flight  
On-GroundBoth Ground and In-Flight  
Explosion at Unknown Time  
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Total destruction to aircraft.

**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 location, services obtained, and intended destination. Provide as much detail as possible.

On the afternoon of 9-29-19, I took about a 30 minute flight on this aircraft. When I landed I taxied to north end of runway where Mike had been observing me. I got off the aircraft and was talking with Mike. Mike then got on the aircraft and got down, and buckled up. He had been taking ultralight flight lessons. I asked him if he was ready to do this and he said yes. He put the helmet on and cranked the aircraft. and began take off. On take off flight he was in air about  $\frac{1}{2}$  the length of runway. At best guess, He was about 50' above the trees. I could see the aircraft falter and I knew he was about to stall out. I then saw the aircraft fall off to the left (He was going South) and go behind the trees and I heard a loud crash. I called 911 while running to crash sight.

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

Operator/Owner Safety Recommendation

Mike was a retired Commercial Airplane Pilot. He had been taking trike flying lessons in Jasper, TN and his training was almost complete. This was a tragic accident I do not believe anything different could have been done that happened.

**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)

4

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify \_\_\_\_\_

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

**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  
SubstantialMinor  
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

10/03/2019

mm/dd/yyyy

Name of Pilot/Operator: Bruce Cantrell

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.

ERA19LA206

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

Lynn Spencer

Date Report Received

10/16/2019