

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

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

**BASIC INFORMATION**

|   |  |   |   |
|---|--|---|---|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Chesaning</u> State: <u>MI</u><br>ZIP: <u>48616</u> Country: <u>USA</u><br>Latitude: <u>43°10.02N</u> (dd:mm:ss N/S) Longitude: <u>084°08.0W</u> (ddd:mm:ss E/W)  |  | <b>Date/Time</b><br>Date: <u>12/29/2018</u> Local Time: <u>10:23 a</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>EST</u>                                      |   |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input checked="" type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None | <b>Altitude of In-Flight Occurrence</b><br><br>_____ ft MSL |

**AIRCRAFT INFORMATION**

|  |   |
|--|---|
| <b>Manufacturer:</b> <u>Cessna</u><br><b>Model:</b> <u>R172K XP</u><br><b>Serial Number:</b> <u>R1722117</u><br><b>Registration Number:</b> <u>N 1095V</u> <b>Amateur-built:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Max Gross Weight:</b> <u>1 700</u> lbs<br><b>Weight at Time of Accident/Incident:</b> _____ lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |
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| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input checked="" type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>4</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |
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| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>12/20/2018</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>2,561</u> hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
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|   |   |  |
|---|---|--|
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify _____ |
|---|---|--|

|  |  |
|--|--|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>ELT Manufacturer:</b> <u>not known</u><br><b>Model/Series:</b> _____<br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> <u>Dec 2020</u> |
|--|--|

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| <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input checked="" type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch<br>Manufacturer: _____<br>Model: _____ |
|---|---|--|

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Cessna              | IO-360 KB           | 355126                       |                                   | 195  | 2,561              |                               | 314                         |
| Eng. 2 |                     |                     |                              |                                   |  |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |  |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |  |                    |                               |                             |

### OWNER/OPERATOR INFORMATION

|   |  |   |
|---|--|---|
| <b>Registered Aircraft Owner</b><br>Name: <u>Fly Ride, Inc.</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <b>Owner Address</b><br>City: <u>Owosso</u><br>State: <u>MI</u> ZIP: <u>48867</u><br>Country: <u>USA</u>  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>William Charles Burns</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____  |  | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br>City: <u>Vernon</u><br>State: <u>MI</u> ZIP: <u>48476</u><br>Country: <u>USA</u>   |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |  | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                  | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate.(121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft |

### OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

|  |                                     |  |
|--|-------------------------------------|--|
| Aircraft Registration Number _____   | Manufacturer: _____<br>Model: _____ | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ |                                     |  |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____            |                                     |  |

### MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

|  |  |
|--|--|
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |
|--|--|

### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

|  |   |   |
|--|---|---|
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground | <b>Aircraft Explosion</b><br><input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground |
|--|---|---|

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

Photographic image shows aircraft on side of a building at a village park.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: 50G

Distance From Airport Center: 1 SM

Airport Name: Howard Nixon Memorial Airport

Direction From Airport: 90 degrees MAG

Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip

Airport Elevation: 640 ft. MSL

**Approach Segment** (Select one)

- On Instrument Approach
- Landing
- Base leg
- Final
- Go Around
- Crosswind
- Downwind
- Low Approach
- Aborted Landing (after touchdown)

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

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

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

- None
- Stop and Go
- Traffic Pattern
- Touch and Go
- Straight-In
- Simulated Forced Landing
- Valley/Terrain Following
- Forced Landing
- Go Around
- Precautionary Landing
- Full Stop
- Unknown

**Runway Information**

Runway ID: 38/18 (L/R/C) Length: 2,582 ft Width: 150 ft

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

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

**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
- Unknown
- Slush Covered
- Vegetation

**FLIGHT ITINERARY INFORMATION**

|   |   |  |  |
|---|---|--|--|
| <b>Last Departure Point</b><br>Airport ID: <u>RNP</u><br>City: <u>Owosso</u><br>State: <u>MI</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>10:10 a</u><br>Time Zone: <u>EST</u> | <b>Destination</b><br>Airport ID: <u>RNP</u><br>City: <u>Owosso</u><br>State: <u>MI</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|--|

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

- None
- Special VFR
- Special IFR
- VFR Flight Following
- Cruise
- VFR
- IFR
- VFR On Top
- Traffic Advisory
- Unknown / NA

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

- Class A
- Class B
- Class C
- Class D
- Class E
- Class G
- Demo Area
- Warning Area
- Prohibited Area
- Restricted Area
- Military Operations Area (MOA)
- Airport Advisory Area
- Jet Training Area
- TRSA
- FAR 93
- Special
- Air Traffic Control Area
- Unknown

**Aircraft Load Description** (Check all that apply)

- None
- Towing Glider
- Parachutists
- Livestock
- Passengers
- Towing Banner
- Water
- Unknown
- Cargo
- Other External
- Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

|  |   |
|--|---|
| <b>Fuel on Board at Last Takeoff</b><br>(convert from pounds, as necessary)<br><u>13</u> Gallons | <b>Fuel Type</b><br><input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____<br><input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4<br><input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5 |
|--|---|

**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

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <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 MAG   |  | <b>Source of Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Unknown |  | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Unknown  |  |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent  |  | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported   |  | <b>Visibility</b><br>_____ 10 miles   |  |
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear<br><input type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input checked="" type="checkbox"/> Unknown   |  | <b>Ceiling</b><br><input type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input checked="" type="checkbox"/> Unknown   |  | <b>Restriction to Visibility</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input checked="" type="checkbox"/> Unknown   |  |
| <b>Lowest Cloud Condition Height</b><br>_____ ft AGL   |  | <b>Ceiling Height</b><br>_____ ft AGL  |  |   |  |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br>_____ 320 degrees MAG<br><input type="checkbox"/> Variable  |  | <b>Wind Speed</b><br>Velocity: _____ 7 KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable   |  | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><input type="checkbox"/> Gusting<br><input checked="" type="checkbox"/> Not Gusting   |  |
| <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |  |  |  |   |  |
| <b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b>  |  |  |  |   |  |
| <b>Temperature:</b> _____ (C)<br>or _____ 30 (F)<br><b>Altimeter Setting:</b> _____ in. HG<br>or _____ MB<br><b>Density Altitude:</b> _____ ft<br><b>Dew Point:</b> _____ (C)<br>or _____ (F)  |  | <b>Icing Forecast</b><br><b>Amount</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed  |  | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |  |
|  |  | <b>Icing Actual</b><br><b>Amount</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed  |  | <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy  |  |

# PILOT "A" INFORMATION

## Pilot "A" Responsibilities at the Time of Accident/Incident

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

## Pilot "A" Identification

First Name: William      City: Vernon  
 Middle Initial: C      State: Mi      ZIP: 48476  
 Last Name: Burns      Country: \_\_\_\_\_  
 Age at time of Accident/Incident: 83      Date of Birth:                           Certificate Number:                       
*mm/dd/yyyy*

|   |   |  |   |
|---|---|--|---|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|---|

**Pilot Certificate(s)** (Check all that apply)  
 None     Student     Recreational     Commercial     Flight Engineer     Foreign  
 Private     Flight Instructor     Sport     Airline Transport     U.S. Military

|  |   |   |  |
|--|---|---|--|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br><u>1/24/2018</u><br><i>mm/dd/yyyy</i> |
|--|---|---|--|

**Medical Certificate Limitations**

**Medical Certificate Waivers**

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>4/1/2017</u><br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>R172K XP</u> |
|--|--|

|   |   |  |  |
|---|---|--|--|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|---|--|--|

|                     |   |
|---------------------|---|
| <b>Type Ratings</b> | <b>Student Endorsements</b> (Include dates) |
|---------------------|---|

| 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  | 13,476       |                   | 12                     | 1,003                | 783   | 169        |           |            | 0      | 0                |
| Pilot in Command (PIC)                                      | 13,476       |                   |                        |                      | 1     | 169        |           |            | 0      | 0                |
| Time as Instructor  | 11,878       |                   |                        |                      |       |            |           | 0          | 0      | 0                |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 7            | 1                 | 6                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days  | 3            | 1                 | 3                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours   | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |

# PILOT "B" INFORMATION

## Pilot "B" Responsibilities at the Time of Accident/Incident

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

## Pilot "B" Identification

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

|  |  |   |  |
|--|--|---|--|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|--|

**Pilot Certificate(s)** (Check all that apply)  
 None    Student    Recreational    Commercial    Flight Engineer    Foreign  
 Private    Flight Instructor    Sport    Airline Transport    U.S. Military

|   |  |  |  |
|---|--|--|--|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <b>Date of Last Medical</b><br>_____<br><span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span> |
|---|--|--|--|

**Medical Certificate Limitations**

**Medical Certificate Waivers**

|   |  |
|---|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____<br><span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span> | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|---|--|

|  |  |   |  |
|--|--|---|--|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|--|--|---|--|

|  |  |
|--|--|
| <b>Type Ratings</b><br>_____<br>_____<br>_____ | <b>Student Endorsements (Include dates)</b><br>_____<br>_____<br>_____ |
|--|--|

| 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   |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

|  |   |   |
|--|---|---|
| <b>Pilot Name and Address</b>  |   | <b>Degree of Injury</b>   |
| First Name: _____ City: _____  | Middle Initial: _____ State: _____ ZIP: _____ | <input type="checkbox"/> None <input type="checkbox"/> Fatal    |
| Last Name: _____ Country: _____  |   | <input type="checkbox"/> Minor <input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s) (Check all that apply)</b>   |   | <b>Seat Occupied</b>  |
| <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign |   | <input type="checkbox"/> Left <input type="checkbox"/> Front    |
| <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                       |   | <input type="checkbox"/> Right <input type="checkbox"/> Rear    |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <input type="checkbox"/> Center <input type="checkbox"/> Single |
| <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |   | <input type="checkbox"/> Unknown                                |

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

| Name and Address                              | Seat  | Crew                     | Non-Revenue              | Revenue                  | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |
|---|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| First Name: _____ City: _____                 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____ |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name: _____ Country: _____               |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 time and point of departure, intended destination, and services obtained. Do not know what happened. I was not with him at the time of the event.

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

Operator/Owner Safety Recommendation



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

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

left blank items I could not verify. I believe the prop was a McCauley, but did not find that for sure. The same with the ELT. As to his logged flight time, He had 20 log books, dating to 1958. It was too cumbersome for me to accurately determine those hours such as total instructor time in same make and model, night time in make and model, or single engine in make and model. He instructed in many different airplanes. My apologies. Linda Burns

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

|  |  |
|--|--|
| <b>Date of this Report</b><br>2/27/2019<br><small>mm/dd/yyyy</small>   | <b>Signature and Name of Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____ |
| <b>Signature and Name of Spouse</b><br>Signature: _____<br>Type or Print Name: Linda Jane Burns<br>Title: spouse |  |

**FOR NTSB USE ONLY**

|   |   |  |  |
|---|---|--|--|
| <b>NTSB Accident/Incident No.</b><br>CEN19LA050 | <b>Reviewed by NTSB Regional Office</b><br>Denver, Colorado | <b>Name of Investigator</b><br>Arnold W. Scott | <b>Date Report Received</b><br>March 2, 2019 |
|---|---|--|--|