

**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**

|   |  |  |  |
|---|--|--|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Forty Fort/Kingston</u> State: <u>PA</u><br>ZIP: <u>18704</u> Country: <u>Luzerne</u><br>Latitude: <u>W75°51.18</u> Longitude: <u>N41°17.84</u><br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i> |  | <b>Accident/Incident Date/Time</b><br>Date: <u>1-3-19</u> Local Time: <u>4:PM</u><br><i>mm/dd/yyyy</i> Time Zone: <u>Eastern Stan.</u> |  |
| Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None   |  |  |  |

**AIRCRAFT INFORMATION**

|   |   |
|---|---|
| Registration Number: <u>N6872P</u><br>Manufacturer: <u>Piper</u><br>Model: <u>Comanche</u><br>Serial Number: <u>2A-2007</u><br>Year of Manufacture: <u>1960</u><br>Amateur-Built: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____ | <input checked="" type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>2800</u> lbs<br>Weight at Time of Accident/Incident: <u>2250</u> lbs<br>Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u><br>Cabin Crew Seats: _____ Passenger Seats: _____<br>Number of Engines: <u>1</u> |
|---|---|

|  |  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
|--|--|-----------------|----------------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|---|--|
| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table border="0"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Standard</b> | <b>Special</b> | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Retractable<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"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
| <b>Standard</b>  | <b>Special</b>   |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input checked="" type="checkbox"/> Normal   | <input type="checkbox"/> Restricted  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input type="checkbox"/> Aerobatic   | <input type="checkbox"/> Limited   |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input type="checkbox"/> Balloon   | <input type="checkbox"/> Provisional   |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input type="checkbox"/> Commuter  | <input type="checkbox"/> Special Flight  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input type="checkbox"/> Transport   | <input type="checkbox"/> Experimental  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input type="checkbox"/> Utility   | <input type="checkbox"/> Special Light-Sport   |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
|  | <input type="checkbox"/> Experimental Light-Sport  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm dd yyyy | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|---|
| Eng. 1 | <u>Lycoming</u>     | <u>0540 A1DS</u>    | <u>L2912-40</u>              | <u>1960</u>             |  | <u>14782</u>       | <u>9.2</u>                                      |
| Eng. 2 |                     |                     |                              |                         |  |                    |   |
| Eng. 3 |                     |                     |                              |                         |  |                    |   |
| Eng. 4 |                     |                     |                              |                         |  |                    |   |

|   |   |   |
|---|---|---|
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br>Date Last Inspection: <u>7-17-18</u><br><i>mm/dd/yyyy</i><br>Airframe Total Time: <u>3632</u> hrs<br>hours measured at (Select one)<br><input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | <b>Propeller 1</b><br><input type="radio"/> Fixed Pitch<br><input checked="" type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>McClellan</u><br>Model: <u>B3D32 C412-C/B2NDA</u>   | <b>Propeller 2</b><br><input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____   |
| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____  | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes:<br>ELT Manufacturer: <u>Emergency Beacon Corp</u><br>Model or Part No.: <u>Model EBC-302V</u><br>TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz)<br><input type="radio"/> OC126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If activated:<br>Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input type="checkbox"/> Unknown | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input checked="" type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |
| <b>Description of Fire Extinguishing System</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Specify: _____  |   |   |

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: Allen L. Bastion  
Fractional Ownership Aircraft:  Yes  No

City: [Redacted]  
State: PA ZIP: 16947  
Country: Bradford

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 415
- FAR 431
- FAR 435
- 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
- Non-Scheduled or Air Taxi
- Domestic
- International
- Passenger
- Cargo
- Mail Contract Only

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

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

**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: Wyoming Valley AP  
Airport Identifier: KWBW  
Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A

Distance From Airport Center: 1 sm  
Direction From Airport: 300 degrees true  
Airport Elevation: 593 ft. msl

**Runway Information**

Runway ID: 7 (L/R/C) Length: 3375 ft Width: 75 ft

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

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

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

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

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

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

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

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

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

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

**"FLIGHT CREWMEMBER 1" INFORMATION**

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 1" was pilot flying    Yes    No

**"Flight Crewmember 1" Identification**

First Name: Allen Bastion   City of Residence: [REDACTED]  
 Middle Initial: L   State: Chatham Co   ZIP: 17724  
 Last Name: Bastion   Country: Bradford   *mailing address*  
 Age at time of Accident/Incident: 71   Date of Birth: [REDACTED]   mm/dd/yyyy  
 Certificate Number: [REDACTED]

**Degree of Injury**  
 None    Fatal  
 Minor    Unknown  
 Serious

**Seat Occupied**  
 Left    Front    Unknown  
 Right    Rear  
 Center    Single

**Restraint Type**

| Available   | Used  | Unusable Restraints   |
|---|---|---|
| <input type="radio"/> None<br><input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" 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 |

**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 checked="" 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   |                                      |

**Principal Occupation**  
 Pilot  
 Other Ret.  
 Unknown

**Medical Certificate**  
 None    Class 3  
 Class 1    Driver's License (Sport Pilot only)  
 Class 2    Unknown

**Medical Certificate Validity**  
 Without limitations/waivers    Unknown  
 With limitations/waivers    N/A  
 Special Issuance

**Date of Last Medical**  
 \_\_\_\_\_ mm/dd/yyyy

**Medical Certificate Limitations**  
wear glasses

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 4-5-17  
4-20-17 mm/dd/yyyy

**Flight Review Aircraft**  
 Make: Cessna  
 Model: 172

**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)  
 None  
 Airplane Single-Engine  
 Airplane Multi-Engine  
 Gyroplane  
 Powered Lift

Instrument Airplane  
 Instrument Helicopter  
 Helicopter  
 Glider  
 Sport

**Type Ratings** Private SEL

**Student Endorsements** (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  | 458.2        | 9.8               | 458.2                  |                      | 34.5  |            |           |            |        |                  |
| Pilot in Command (PIC)                                      |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days  |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours   |              |                   |                        |                      |       |            |           |            |        |                  |

**"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   *I PERFORMED THE LANDING*

**"Flight Crewmember 2" Identification**  
 First Name: NEIL   City of Residence: TOWANDA  
 Middle Initial: A   State: PA   ZIP: 15848  
 Last Name: WILSON JR.   Country: USA  
 Age at time of Accident/Incident: 61   Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

|   |  |   |   |
|---|--|---|---|
| <b>Degree of Injury</b><br><input checked="" 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 checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Single  | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" 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>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown   | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown  | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance <i>GLASSES</i>   | <b>Date of Last Medical</b><br><u>04/13/2018</u><br>mm/dd/yyyy  |
| <b>Medical Certificate Limitations</b><br><i>GLASSES</i>  |  |   |   |
| <b>Medical Certificate Special Issuance</b>   |  |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>01/05/2017</u><br>mm/dd/yyyy  | <b>Flight Review Aircraft</b><br>Make: <u>Piper</u><br>Model: <u>PA28-201T</u>   |   |   |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input 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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> 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) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" 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 checked="" 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><i>NONE</i>  |  | <b>Student Endorsements (Include dates)</b>   |   |

| 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  | 5935         | 86.5              | 5591                   | 344                  | 201   | 559        | 74        |            |        |                  |
| Pilot in Command (PIC)                                      | 5539         | 86.5              | 5209                   | 334                  | 198   | 559        | 74        |            |        |                  |
| Time as Instructor  | 4535         | 86.5              | 4555                   | —                    | 100+  | 100+       |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      | .1    | 5          |           |            |        |                  |
| Last 90 Days  | 41           | 9.6               | 41                     | —                    | .7    | 3.2        |           |            |        |                  |
| Last 30 Days  | 17.2         | 9.6               | 17.2                   | —                    | .7    | 3.2        |           |            |        |                  |
| Last 24 Hours   | 2.6          | .6                | 2.6                    | —                    | —     | —          |           |            |        |                  |

**ADDITIONAL FLIGHT CREWMEMBERS** (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: _____<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>Available    Used<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   |  |

|   |  |   |  |
|---|--|---|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>  | <b>Injury</b>  |
| 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>Available    Used<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><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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>N27</u><br>City: <u>Touanda</u><br>State: <u>PA</u><br>Country: <u>Bradford</u> | <b>Time of Departure</b><br>Time: <u>3:30 PM</u><br>Time Zone: <u>EST</u> | <b>Destination</b><br>Airport ID: <u>KWBW</u><br>City: <u>Forty Fort</u><br>State: <u>PA</u><br>Country: <u>Luzerne</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Unknown       |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |   |

**Altitude of In-Flight Occurrence:** 1,500 when ft msl  
*Problems started*

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

|   |  |
|---|--|
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b> <u>Before departing</u><br>Facility ID: <u>N27</u><br>Observation Time: <u>Approx 3:pm</u><br>Time Zone: <u>East Standard</u><br>Distance from Accident Site: <u>45.5</u> nm<br>Direction from Accident Site: <u>45.0</u> degrees true |
|---|--|

|   |  |
|---|--|
| <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 checked="" type="radio"/> Dawn<br><input type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |
|---|--|

|  |   |   |
|--|---|---|
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown | <b>Ceiling</b><br><input type="radio"/> None (Clear)<br><input checked="" type="radio"/> Broken<br><input checked="" type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown | <b>Temperature:</b> <del>40</del> (C) or <u>40</u> (F)<br><b>Dew Point:</b> <u>unknown</u> (F)<br><b>Altimeter Setting:</b> <u>29.92</u> in. Hg @ dep.<br>or _____ MB |
| <b>Lowest Cloud Condition Height</b><br><u>7,500</u> ft agl  | <b>Ceiling Height</b><br><u>7,500</u> ft agl  |   |

|   |   |   |   |
|---|---|---|---|
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: <u>E 3 W</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>7</u> kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: <u>14</u> kts | <b>Visibility</b> <u>10+</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>unknown</u> ft |
|---|---|---|---|

|  |   |   |
|--|---|---|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation (Check all that apply)</b><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"/> 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"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" 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 type="checkbox"/> Unknown |
|--|---|---|

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

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

None

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None  
 Minor  
 Substantial  
 Destroyed  
 Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

No bodily injury (both)  
No property Damage  
Totalled damage to aircraft. (under side)  
belly

**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.

when turning from downwind to base. At that time I reduced engine speed to extend the wheels (landing gear) 120 mph. Added 10° flap. No green lite (wheels down). Went to add power for go around or leave pattern to figure out problem. Engine had quit running. We had about 500' AGL. Spotted Soccer field. Force landing there.

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

Operator/Owner Safety Recommendation

I knew immediately what the problem was.  
There was no in-flight cure to the situation.  
Get the plane down without hurting (damaging)  
anyone or anything, other than the aircraft.  
Avoid a stall or impacting anything.  
Very ~~lucky~~ fortunate for landing site and good Pilot skill.

**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.)

Not sure how to list.

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)  
Top 60 gal 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  
Got weather N27 - Digiwx

**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  
Quickly exited aircraft thru door in case of fire  
Both of us.

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

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



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

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

I would like to discuss this incident with an NTSB representative to possibly create an AD to prevent future similar occurrences. I would like to speak with Leah Read who is handling this incident. Thank you very much.

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

Date of this Report

1-30-19

mm/dd/yyyy

-- 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.<br>ERA19LA085 | Reviewed by NTSB Regional Office<br>ERA | Name of Investigator<br>L. Read | Date Report Received<br>1/30/2019 |
|--|---|---------------------------------|-----------------------------------|