NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

			seu loi rep	orang									
								• • • • •		. .			
	nt/Incident Loc							cident/Incid					
Nearest City/Place: Apex State: WA					Dat	te: <u>04/0</u> <i>mm/da</i>	<u>)2/2017</u>	Lo	cal Time:	15:30			
ZIP:Country: USA Latitude:Longitude:					mm/ac	uyyyy	Ti	me Zone: _	PDT				
Latitude			longnude.				~						
	(Enter in decima	i degrees or d	egrees.minutes.set	.onus)			Co	llision with	Other Air	craft: C) Midair	O On-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N167CB						🔽 IFR-Equip					
Manuf	acturer: <u>Cirrus</u>							□ Commerci □ Unmannec		ght			
Model:	SR22						Μ	 aximum Gr	oss Weigh	t: 3400		lbs	
Serial N	Number: <u>0822</u>							eight at Tin	-				lbs
Year of	Manufacture:	2004					Nı	umber of Se	ats: 4		Flight Cre	ew Seats: 2	
Amateu	ar-Built: OYes	•	OKit/Plans Mal	ke:				bin Crew Sea					
	⊙ No	(Original Design				Nu	umber of Er	igines: <u>1</u>				
-	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engine	e Type (Se		
● Airpl● Ballo		(Check all the Standard				(Check all the		<i>pply)</i> actable		● Reci O Turb	procating	OLiqui OSolid	d Rocket
	o/Dirigible	☑ Norma	1	ted			Keu		مناسبة مما	O Turb			id Rocket
OGlide	r	Aeroba	atic 🛛 🗖 Limite	d		✓ Tricycle			ailwheel	O Turb	o Jet	O None	
OGyro OHelic		Balloo				Amphibia			igh Skid	OTurb		OUnkn	own
-	red Lift					□Emergenc □Float	SY FI	oat □S		OElec	tric		
ORock		Utility	Special	l Light-Spo		Hull			ki/Wheel	Fuel Sv	stem Type	(Reciprocatii	ng)
OUltral OUnkn			-	mental Light-Sport			unch/Recovery System			-	Carburetor O Fuel-Inject		-
	own	□Certificate □None	e of Authorization	or Waiver Unknown	(COA)	□ None			nknown	_		·	5
				Cinkilowii				 Date	Rated Pow	er	Total	Time	Since:
			Engine			acturer's		of Mfg.	• Horsep	ower or	Time	Inspection	Overhaul
Engine Eng. 1	Engine Manufa Continental	cturer	Model/Series		Serial I 917074	Number	-	<i>mm/dd/yyyy</i> 11/16/2003	O lbs of 7 310	Thrust	(hours) ~860	(hours) ~25	(hours)
Eng. 2	Continental		10 000 11 27		017074		+	11/10/2000	010		000	20	
Eng. 3							-						
Eng. 4													
Last Ir	spection Type			Propell	er 1	OFixed P ⊙Control			Prop	eller 2		Fixed Pitch Controllable I	Pitch
О 100-Н	our OCont			OGround A							•	Ground Adjus	
O AAIP O Annu		ditional Inspec	ction	Manufacturer: Hartzell									
			16	Model: Model:									
Date Last Inspection: 07/2016 mm/dd/yyyy ELT Installed:				⊙Yes O	No				ipment (Check all that	t apply)		
Airfran	ne Total Time:	841.6	hrs	If Yes:									
	rs measured at (S					er:					ck Indicato	r	
				Autopilot									
Type of Maintenance Program (Select one)											vice		
● Annual Was				Was ELI	F still mo	unted in aircra	ft?	OVes ONo		 Electronic Flight Bag or Handheld Device Electronic Multifunction Display 			
O Conditional (Amateur-built only)							Eleo		mary Fligh	t Display			
I U Manufacturer's Inspection Program				Activate	? •Yes •	No			dheld GP ds Up Dis				
O Conti	nuous Airworthin			If activa		<i></i>	e.			oard Wea			
	, specify:		~	4		ocating Aircra	it:	⊎res UNo			king Device	2	
Descrip O None	otion of Fire Ex	tinguishing	System	If not ac Indicate	tivated:			2		l Warning eo Record	System		
	^{; ify:} Halon bottl	e near nilot	seat	multate		☐ Impact Da ☐ Fire Dama		L C		er, Specify			
- 1			. 30ai			Battery Ex		d/Damaged					
						Unknown							

OWNER/OPERATOR INFORM	ATION		
Registered Aircraft Owner		City: Redmond	
Name: Cherif Boudjakdji		State: WA ZIP: 98052	
Fractional Ownership Aircraft: O Yes G) No	Country: USA	
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner	—
New York The Elight Academy	0	City: <u>Kirkland</u>	
Doing Business As: Flight instructor		State: <u>WA</u> ZIP: <u>98033</u>	
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un		
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) 	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight	R 431 Non-Scheduled or Air Taxi O International R 435	
Commuter Air Carrier (FAR 135)	ONon-US, Commercial ONon-US, Non-commercial	O Mail Contract Only	
 On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) 	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	
 Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft 	 Armed Forces Federal State Local Unknown 	 Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate Positioning Ounknown Ounknown<td></td>	
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry	
O Yes ⊙ No	O Yes ● No		
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)	
Airport Name:		_ Distance From Airport Center:sm	
Airport Identifier:		Direction From Airport:	
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: ft. msl	
Runway Information Runway ID:	<i>apply)</i> adam □ Water I/Wood _	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	
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap OLanding	ApproachODownwind OBaseO Low Approach OGo AroundO FinalO Aborted Landing (after touchdown) O Unknown	
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system Image: Constraint of the system	

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was					U	8		5		
"Flight Crewmember 1" Ider	ntification									
First Name: Marshal				C	City of Residence: Edmonds					
Middle Initial: L								ZIP: 98026		
Last Name: <u>Macri</u>					tate: <u>WA</u>			21F. <u>90020</u>		
Age at time of A	A anidant/Incid	ant. OF	Date of B		ountry: /1992		m/dd/yyyy			
Age at time of A	Accident/Inclus		-		199.	<u> </u>	т аа уууу			
Degues of Inform	Seet Ocean		ertificate Num		tunint Try					
Degree of Injury Seat Occupied Restraint Type O None O Fatal O Left O Front O Unknown								1	Inflatable R	lestraints
O Minor O Unknown ⊙ Serious	O Minor O Unknown O Right O Rear O None O None I Not Installe									
Pilot Certificate(s) (Check all	that apply)				O 3-poin	t	O ³ -point		☐ Not Dep	oloyed
□ None		Commercial	🗖 US Mi		● 4-poin ● 5-poin		⊙ 4-point O 5-point		☑ Deploye ☐ Unknow	
□ Private □ Recreation □ Student □ Sport		Airline Transp Flight Enginee		n	O Unkno		O Unknov	vn		
	ledical Certifi	cate				tificate Va	-		Date of Las	t Medical
		Class 3				itations/wai ions/waiver:		nknown	02/03/20 ²	16
		Unknown	ense (Sport Pilot		pecial Issu			A	mm/dd/yy	
Medical Certificate Limitation	ons	-								
None										
Medical Certificate Special I	ssuance									
N/A										
Date of Last Flight Review		Fligh	t Review Airc	raft						
or Equivalent, Including		e	Commercia		cate ear	ned on 11	/22/16			
FAR 121/135 Checks:	<u>11/22/2016</u> mm/dd/yyyy									
Airplane Rating(s)	Other Aircra			ent Rating(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that	0.7		l that apply)	′	(Check all				
□ None	□ None		D None			□ None			Instrument A	
✓ Single-Engine Land □ Single-Engine Sea	Airship Balloon		Airpla				e Single-Eng e Multi-Engi		Instrument I Helicopter	Helicopter
☐ Multiengine Land	Glider		D Power			Gyropla	ine		Glider	
☐ Multiengine Sea	☐ Gyroplane ✓ Helicopter					Powere	d Lift		Sport	
	Powered Lif	ì								
Type Ratings					T	Student E	Indorsemei	nts (Include d	dates)	
N/A										
Flight Time (Enter annual inter			Airplane			Inst	rument			
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,400	26	1,300	100	100		120	100	0	1,000
Pilot in Command (PIC)	1,100	26	1,000	75	65		110	50	0	0
Time as Instructor	700	10	700	75	30	5		0	0	0
This Make/Model					0		0			
Last 90 Days	70	23	70	0	5		5	0	0	0
Last 30 Days	35	23	35	0	0		0	0	0	0
Last 24 Hours	4	4	4	0	0	0	0	0	0	0

"Flight Charmen and Law 3" D	"FLIGHT CREWMEMBER 2" INFORMATION									
"Flight Crewmember 2" Resp OPilot OCo-Pilot	oonsibilities at th O Student Pilot	he Time of OFlight Ii		dent Check Pilot	O Flig	ht Engineer	O Other F	light Crew		
"Flight Crewmember 2" was	pilot flying 🛛 🗆	Yes 🗆	No							
"Flight Crewmember 2" Iden	tification									
First Name: Michael				Cit	ty of Res	sidence: Fre	eland			
Middle Initial: J					-			IP: <u>98249</u>		
Last Name: Mequio										
	aaidant/Inaidant:		Data of Dim			USA	/dd/vvvv			
Age at time of A	condent/mondent.					mm	aa yyyy			
Degree of Inium	Seat Occuria		rtificate Numbe							
Degree of Injury O None O Fatal	Seat Occupied	OFront	O Unknow	n	raint T	-		1	nflatable R	estraints
 Minor Minor Serious 	ORight OCenter	ORear OSingle		··· A	Vailabl O None O Lap o		Used O None O Lap only	,	□ Not Inst	
Pilot Certificate(s) (Check all i	that apply)				O 3-poi		O 3-point		□ Not Dep	oloyed
□ None □ Flight Ins		mmercial	🗖 US Mili	itary	• 4-poir • 5-poir		• 4-point		✓ Deploye ☐ Unknow	
Private Recreation		rline Transpo ight Enginee	_ 0		O 5-pon O Unkn		O 5-point O Unknow	'n		11
Student 🗖 Sport		ight Enginee	1		•		•			
Principal Occupation M	edical Certificat	te		Med	lical Cei	tificate Val	idity	I	Date of Las	t Medical
U		Class 3				nitations/waiv		nknown		
		Driver's Lice Jnknown	nse (Sport Pilot c		ith limite	tions/waivers	O N.	/A .	mm/dd/yyyy	
Medical Certificate Limitatio				0.01		uanee				
Meurcai Certificate Limitatio	115									
Medical Certificate Special Is	suance									
Date of Last Flight Review		Flight	t Review Aircr	aft						
Date of Last Flight Review or Equivalent, Including		-	t Review Aircr	aft						
	N/A	Make:	N/A	aft						
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: Model	<u>N/A</u> : <u>N/A</u>				D - 4 ² - (-)			
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s)	mm/dd/yyyy Other Aircraft I	- Make: Model Rating(s)	N/A : <u>N/A</u> Instrume	nt Rating(s)		Instructor (Check all th				
or Equivalent, Including FAR 121/135 Checks: 	mm/dd/yyyyy Other Aircraft I (Check all that app	- Make: Model Rating(s)	N/A : N/A Instrume (Check all	nt Rating(s)		Instructor (Check all th ☑ None			Instrument A	irplane
or Equivalent, Including FAR 121/135 Checks: 	mm/dd/yyyyy Other Aircraft I (Check all that app ☑ None ☑ Airship	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan	nt Rating(s) that apply) e		<i>(Check all th</i> ☑ None □ Airplane	<i>at apply)</i> Single-Engin	e 🗖	Instrument A	
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app ☑ None ☑ Airship ☑ Balloon	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th ☑ None □ Airplane □ Airplane	<i>at apply)</i> Single-Engin Multi-Engine		Instrument H Helicopter	
or Equivalent, Including FAR 121/135 Checks: 	mm/dd/yyyyy Other Aircraft I (Check all that app ☑ None ☑ Airship	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan	nt Rating(s) that apply) e ter		<i>(Check all th</i> ☑ None □ Airplane	<i>at apply)</i> Single-Engin Multi-Engine e		Instrument H Helicopter Glider	
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Done Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		 (Check all th ☑ None ☑ Airplane ☑ Airplane ☑ Gyroplan 	<i>at apply)</i> Single-Engin Multi-Engine e		Instrument H Helicopter	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app ☑ None ☑ Airship ☑ Balloon ☑ Glider ☑ Gyroplane	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th None Airplane Airplane Gyroplan Powered	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Done Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		 (Check all th ☑ None ☑ Airplane ☑ Airplane ☑ Gyroplan 	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app Description Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th None Airplane Airplane Gyroplan Powered	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app Description Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th None Airplane Airplane Gyroplan Powered	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app Description Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th None Airplane Airplane Gyroplan Powered	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app Description Airship Balloon Glider Gyroplane Helicopter	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A ☑ None □ Airplan □ Helicop	nt Rating(s) that apply) e ter		(Check all th None Airplane Airplane Gyroplan Powered	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Done Balloon Glider Gyroplane Helicopter Powered Lift	- Make: Model Rating(s)	N/A : N/A Instrume (Check all A Done Airplan Helicop Powered Airplane	nt Rating(s) that apply) e ter d Lift		(Check all th None Airplane Gyroplan Powered Student En	<i>at apply)</i> Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) O None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app Done Balloon Glider Gyroplane Helicopter Powered Lift	- Make: Model Rating(s)	N/A : N/A Instrume: (Check all and a construction of a construc	nt Rating(s) that apply) e ter	Night	(Check all th None Airplane Gyroplan Powered Student En	at apply) Single-Engin Multi-Engine e Lift		Instrument H Helicopter Glider Sport	
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app D None Airship Balloon Glider Gyroplane Helicopter Powered Lift All	- Make: Model Rating(s)	N/A : N/A Instrume (Check all d ☑ None □ Airplan □ Helicop □ Powered Airplane Single	nt Rating(s) that apply) e ter d Lift Airplane	Night	(Check all th None Airplane Gyroplan Powered Student En	at apply) Single-Engin Multi-Engine e Lift dorsement	e	Instrument H Helicopter Glider Sport ntes)	Lighter Than Air
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box)	mm/dd/yyyy Other Aircraft I (Check all that app Discrete None Airship Balloon Glider Gyroplane Helicopter Powered Lift	This Make & Model	N/A : N/A Instrume (Check all Airplan Airplan Powered Airplane Single Engine	nt Rating(s) that apply) e ter d Lift Airplane Multiengine	Night	(Check all th None Airplane Gyroplan Powered Student En Arthur Airplane Gyroplan None Airplane	at apply) Single-Engin Multi-Engine e Lift dorsement ument Simulated	e Control control co	Instrument H Helicopter Glider Sport ntes)	Lighter Than Air 0
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Display Airship Balloon Glider Gyroplane Helicopter Powered Lift	This Make & Model	N/A : N/A Instrume (Check all a □ Airplan □ Helicop □ Powered Airplane Single Engine 5	nt Rating(s) that apply) e ter d Lift Airplane Multiengine 0	Night	(Check all th Mone Airplane Gyroplan Powered Student En Actual 0 0	at apply) Single-Engin Multi-Engine e Lift dorsement simulated 0	e s (Include do	Instrument H Helicopter Glider Sport <i>Ites)</i> Glider 0	Lighter Than Air 0 0
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Display="block">Display=block Airship Balloon Glider Gyroplane Helicopter Powered Lift	This Make & Model	N/A N/A Instrume (Check all ∩ None Airplane Powered Airplane Single Engine 5 0	nt Rating(s) that apply) e tter d Lift Airplane Multiengine 0 0	Night	(Check all th Mone Airplane Gyroplan Powered Student En Actual 0 0 0 0 0 0	at apply) Single-Engin Multi-Engine e Lift dorsement <u>ument</u> Simulated 0 0	e a a a a a a a	Instrument Helicopter Glider Sport <i>Ites)</i> Glider 0 0	Lighter Than Air 0 0
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app Display="block">Display=block Airship Balloon Glider Gyroplane Helicopter Powered Lift	This Make & Model	N/A N/A Instrume (Check all ∩ None Airplane Powered Airplane Single Engine 5 0	nt Rating(s) that apply) e tter d Lift Airplane Multiengine 0 0	Night	(Check all th ☑ None □ Airplane □ Gyroplan □ Powered Student En Actual 0 00 0 00 0 00	at apply) Single-Engin Multi-Engine e Lift dorsement Simulated 0 0 0 0	e a a a a a a a	Instrument Helicopter Glider Sport <i>Ites)</i> Glider 0 0	Lighter Than Air 0 0
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft I (Check all that app) Display="block">Display= Balloon Glider Gyroplane Helicopter Powered Lift	This Make & Model	N/A : N/A Instrume (Check all A □ None □ Airplane □ Helicop □ Powered Airplane Single Engine 5 0 0 0	nt Rating(s) that apply) e ter d Lift <u>Airplane Multiengine</u> 0 0 0	Night	(Check all th ☑ None □ Airplane □ Gyroplan □ Powered Student En 0 00 0 00 0 00 0 00 0 00 0 00	at apply) Single-Engin Multi-Engine e Lift dorsement <u>simulated</u> 0 0 0 0	e	Instrument H- Helicopter Glider Sport ntes) Glider 0 0 0	Lighter

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Add	dress						Seat Occupie	d	Injury	
First Name:							O Left O Center	O Front O Rear	O None O Minor	
Middle Initial: ZIP:							O Center O Right	O Serious		
Last Name: Country:								O Unknown	O Fatal O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Typ		Inflatable	
None Flight Instructor Commercial US Military						Available O None	Used O None	Restraints		
Private Recreational Airline Transport Foreign Student Sport Flight Engineer							O Lap Only O 3-point	O Lap Only O 3-point	Not Installed Installed	
							O 4-point O 5-point	O 4-point	☐ Not Deployed ☐ Deployed	
Type Rating/Endorsement for Total Flight Time at the Time Accident/Incident Aircraft? Yes No of this Accident/Incident:hrs						O 5-point O Unknown	O 5-point O Unknown	Unknown		
Crew Name and Add	dress						Seat Occupie	d	Injury	
First Name:							OLeft OCenter	O Front O Rear	O None O Minor	
Middle Initial:					ZIP:		OCenter ORight	O Single O Unknown	O Serious	
Last Name:	Last Name: Country:								O Fatal O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Ty		Inflatable	
□ None	Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints	
PrivateStudent	Recreational Sport		line Transp ght Enginee		reign		O Lap Only O 3-point	O Lap Only O 3-point O 4-point	Not Installed Installed	
Type Rating/Endors		1		light Time at	t the Time		O 4-point		☐ Not Deployed ☐ Deployed	
Accident/Incident A		□ No		-	ident:	hrs	O 5-point O Unknown	O 5-point O Unknown		
PASSENGER(S)	/ OTHER PERSC	NNEL (-		t if necessary)		1	
PASSENGER(S) Name and Address	/ OTHER PERSC	ONNEL (I			-			Inflatable Restraints	Age	
			Include c	cabin crew; c Seat	ontinue on so	eparate shee Restraint T Available	'ype Used	Restraints		
Name and Address	City :		Include c	abin crew; c	ontinue on se	eparate shee Restraint T Available O None O Lap Only	Ype Used O None O Lap Only	Restraints	Under 5 years	
Name and Address	City : State:	ZIP:	Include c	Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : State:	ZIP:	Include c	Seat	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years	
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger	ZIP: O Oti	her	Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years 1 <i>If Under 5,</i> O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City :	ZIP: O Oth	her	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft	ONONE OMinor OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft	ONONE ONONE OMINOR OSERIOUS OFatal OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP:	her	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONONE ONONE OMINOR OSERIOUS OFatal OUNKNOWN	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years I <i>If Under 5,</i> O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City : City : State: Country: OPassenger	ZIP: O Oth ZIP: O Oth	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OUnknown	ONONE OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used	Restraints	□ Under 5 years I f Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I ff Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Last Name:	City : State: Country: OPassenger City : State: Country: OPassenger City :	ZIP: O Otl ZIP: O Otl	her her	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONONE ONONE OMINOR OSERIOUS OFatal OUNKNOWN ONONE OFatal OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Installed Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP: ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OLeft	ONONE ONONE OMINOR OSERIOUS OFatal OUNKNOWN ONONE OFatal OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP: ZIP:	her	Seat Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft OCenter ORight OLeft	ONONE ONONE OMINOR OSERIOUS OFatal OUNKNOWN ONONE OFatal OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None D Lap Only O 3-point O 4-point O 5-point O 5-point	Restraints Restraints Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Installed Installed	□ Under 5 years I f Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I ff Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I ff Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Last Name: Last Name: Last Name: Last Name:	City : State: OPassenger City : State: Country: OPassenger City : City : OPassenger Country: OPassenger	ZIP: O Otl ZIP: ZIP: ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: Ounknown Row:	Injury Injury ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Lap Only O 3-point O Lap Only O 3-point O 5-point O 5-point O 5-point	Restraints	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew	City : State: OPassenger City : State: OPassenger City : State: Country: OPassenger City :	ZIP: O Oti ZIP: ZIP: ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OLeft	Ontinue on set Injury ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 1000000000000000000000000000000000000	Restraints Not Installed Installed Not Deployed Unknown Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew	City : State: OPassenger City : State: OPassenger City : City : State: OPassenger City : Country: OPassenger	ZIP: O Otl ZIP: ZIP: O Otl ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints Not Installed Installed Not Deployed Unknown Installed Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	

FLIGHT ITINERARY	INFORMATIC	N							
Last Departure Point	Tiı	ne of Departure	Destinatio	on		Type Fligh	t Plan F	ïled	
Airport ID: <u>W10</u>	Tim	~1500	Airport ID:	KPWT		• None		O VFR/	IFR
City: Langley	I In	ne: <u>~1500</u>	City: Brer	nerton		O Company O Military V		O IFR O Unkn	own
State: WA	Tin	ne Zone: PST	State: WA			O VFR	VIIC		own
Country: USA			Country: L			Activated?	OYes	ONo C	Unknown
Type of ATC Clearance/Second	ervice (Check all tha	t apply)							
□ None	□ Special VFR		ecial IFR		UFR Flight Foll		Cruis		
	IFR IFR		R On Top		Traffic Advisory	7	🗹 Unkı	10wn / NA	
Airspace where the accide			· ·				Altitu	de of In–	Flight
	☑ Class G □ Demo Area		litary Operations port Advisory A		☐ Special ☐ Air Traffic Conti	ol Area	Occur	rence:	
	Warning Area		Training Area	ica		of Alea			ft msl
Class D	Prohibited Area								
	Restricted Area	☐ FA							
WEATHER INFORM		E ACCIDEN	T/INCIDEN						
Source of Pilot Weather In (Check all that apply)	iformation				servation Facility				
□ National Weather Service	Co	mnany							
Flight Service Station	☐ Mi			Observation Ti	me:				
TV/Radio				Time Zone:					
Automated Report Commercial Weather Service	\square No \square (DUATS) \square Un			Distance from	Accident Site:		nm		
On-Board Weather				Direction from	Accident Site:		_ degrees	true	
Basic Conditions		Light Condit	ion						
● VMC		ODawn	ODusk	ODark		known			
OIMC OUnknown		•Day	ONight	OBrig	ht Night				
-		Cailing					(3)		(11)
Sky/Lowest Cloud Condit O Clear	O Thin Broken	Ceiling O None (Clear	0	Obscured	Temperature:		(C) or _		_(F)
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point:	(C) or _		_(F)
O Partial Obscuration	O Unknown	O Overcast				Altimeter Setting: in. Hg			
O Scattered Lowest Cloud Condition I	Joight	Ceiling Heigh	,t			or			
Lowest Cloud Condition	ft agl		it.	ft agl					
	~ 		1	_ 0					
Wind Direction	Wind Speed		Wind Gusts		Visibility	+10	miles		
□ Variable	□ Calm □ Light and Var	inhla	🔽 Not Gustin	ng	RVR	:	feet		
-or-	-or-	lable	-or-		RVV	:	miles		
Direction:degrees tru	e Speed:	kts	Speed:	kts	Density Altitu	de:		_ft	
Intensity of Precipitation	Type of Precipi	tation (Check all	that apply)		Restriction to	Visibility (C.	heck all t	hat apply)	
O Light	☑ None	□ Drizzle	🗖 Freezin		✓ None	🗖 F	0		
O Moderate	\square Rain	Ice Pellets	Snow S		Blowing Du		bround Fo	og	
O Heavy ⊙ N/A	□ Snow □ Hail	Snow Pelle Snow Grain		ets Shower 9 Drizzle	Blowing Sn		ce Fog		
OUnknown	Rain Showers	□ Ice Crystals		8 2 1221	Blowing Sp		moke		
		1			Dust		Jnknown		
Icing Forecast		Icing Actual	T		Turbulence	11 -1	c.		
AmountType● None● N/A		Amount O None	Type ⊙ N/A		Type (Check a. ✓ None	ll that apply)		verity Light	
O Trace O Rime		O Trace	Ö Rime		Clear Air			Moderate	
O Light O Clear O Moderate O Mixed	1	O Light O Moderate	O Clear O Mixe		☐ Terrain-Indu □Convective			Severe Extreme	
O Moderate O Mixed O Severe O Unkno		O Severe	O Mixe O Unkr			i ui buience		Extreme	
OUnknown		O Unknown							
NOTAMs (D and FDC),	AIRMETs, SIG	METs, PIREP	s in effect at	the time of t	he accident/incid	lent:			
	, -	,							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O Minor

ge O Substantial O Destroyed O Unknown

Aircraft Fire O None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion None

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Tail section broken off, substantial damage to both wings and main gear. Propeller and engine compartment severely damaged.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Marshal Macri NTSB Statement - N167CB

On April 2, 2017, my student, Mike Mequio and I departed Langley Field (W10), WA for a planned training flight of approximately 3 hours in a 2004 SR22 G2. We did not file a flight plan and VMC conditions prevailed. Our intended flight was to consist of a departure to the southwest, practice basic flight skills such as turns, straight and level flight and VFR navigation. Upon reaching Bremerton we planned to enter the traffic pattern, practice several landings then depart to the west where we would conduct several maneuvers including slow flight and stalls. We took off from Langley at approximately 1500 PST and departed southwest bound along the shoreline intending to remain clear of the P-51 restricted airspace. Shortly after passing the restricted airspace, we turn west to fly through a large valley in the Olympic Mountains. We maintained an altitude of at least 2000' AGL while flying through the valley. Winds both felt and indicated 5 knots and below, favoring a northerly direction with no turbulence. I instructed my student to fly on the windward side of the mountains in order to avoid possible downdrafts. The valley turned south and we continued to follow. At no point did the valley narrow and I felt we were flying at a safe altitude with comfortable lateral separation between the aircraft and terrain.

As we continued south, a large snow capped ridge line appeared several miles ahead. At this point, I instructed my student to apply full throttle and begin a climb at approximately 110 KIAS. At no point up until aircraft impact did I see the airspeed indicate below 90 knots. We soon found that we were approaching the rising terrain at a faster rate than we were climbing above it. Once I recognized this I instructed my student to begin a shallow-medium climbing turn to the right to avoid terrain. I then instructed him to increase his bank slightly. From this point the events become blurred and condensed in my memory. Shortly after the student attempted to increase his bank, we lost control of the aircraft. I took the controls, however I am not certain if the student had removed his hands and feet from the controls. At no point do I recall the stall warning horn sounding nor the aircraft buffeting. Within moments of taking the controls I felt that I had no control authority and we then impacted. When I came to I found my student on the right hand wing laying down and awake. The aircraft still had power available and the avionics all appeared to still work. I checked to ensure my ELT was transmitting then made several mayday calls. Both my student and I were rescued from the crash site approximately 90 minutes later.

RECOMMENDATION (How could this	accident/incident ha	ave been prevente	d?)		
Operator/Owner Safety Recommendation					
MECHANICAL MALFUNCTION/	•	re space is needeo	l, continue on sepa	rate sheet)	Tatal Time (Carles
Was there Mechanical Malfunction/Failur (<i>If yes, list the name of the part, manufacturer, par</i>		scribe the failure.)			Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part Inspected/Overhauled
					-
					Hours
FUEL & SERVICES INFORMATI					
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	O Other, specify	
_~70 Gallons	● 100 Low Lead ● 100/130	O Jet A O Jet A-1	O JP8 O Automotive		
Other Services, if Any, Prior to Departure					
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	aft performed?	🗆 Yes 🗹 N)		
Method of Exit – Describe how the occupan	ts exited and how ma	any occupants evac	uated each location		
Both occupants were able to exit the airc	raft through the do	ors.			
	-				
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occurred	, complete this sec	tion for other aircra	ft)
Aircraft Registration Number Manufact	urer:				nage to Other Aircraft
					Destroyed I Minor Substantial None
Registered Owner of Other Aircraft		Pilo	t of Other Aircraft		
Name:		Nan	le:		
City:ZIP:		City State	•	ZIP:	
Country:		Cou			

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	Name of Pilot/Operator:
04/06/2017	Signature:
mm/dd/yyyyy	or Check here to electronically sign this document
If a Person Other that	an Pilot/Operator is Filing Report
Name: John Fig	scus
Signature:	

Title: Chief Pilot

Т

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

FOR NTSB USE ONLY								
NTSB Accident/Incident No.	NTSB Accident/Incident No. Reviewed by NTSB Regional Office Name of Investigator Date Report Received							
WPR17LA084	WPR- San DImas	Patrick Jones	04/26/2017					