

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

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

BASIC INFORMATION

Accident/Incident Location Nearest City/Place: <u>El Campo</u> State: <u>Tex</u> ZIP: <u>77437</u> Country: <u>Wharton</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>04-21-2020</u> Local Time: <u>11:15 AM</u> <i>mm/dd/yyyy</i> Time Zone: _____
Collision with Other Aircraft: <input type="radio"/> Midair <input checked="" type="radio"/> On-ground <input type="radio"/> None	

AIRCRAFT INFORMATION

Registration Number: <u>N419TVV</u> Manufacturer: <u>Aircraftor</u> Model: <u>AT-602</u> Serial Number: <u>602-1251</u> Year of Manufacture: <u>2014</u> 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 type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>12500</u> lbs Weight at Time of Accident/Incident: <u>- 0 -</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: _____
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Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input checked="" 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) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input checked="" 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	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input checked="" type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input checked="" 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)	Time Since Overhaul (hours)
Eng. 1	PT	PT6A-60AG	Pce-R60198	10-30-14	1050	2484.2	2495.1	- 0 -
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>12-18-2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2445.1</u> hrs hours measured at (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell</u> Model: _____ Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz) Was ELT still mounted in aircraft? <input type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Paul and Patricia Bruton City: El Campo TX
 State: Texas ZIP: 77437
 Fractional Ownership Aircraft: Yes No Country: Wharton

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: Tradewind Ag Inc. City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

- Operating Certificates Held** (Check all that apply)
- None
 - Flag Carrier Operating Certificate (FAR 121)
 - Supplemental
 - Air Cargo
 - Foreign Air Carriers (FAR 129)
 - Rotorcraft External Load (FAR 133)
 - Commuter Air Carrier (FAR 135)
 - On-Demand Air Taxi (FAR 135)
 - Commercial Air Tour (FAR 136)
 - Agricultural Aircraft (FAR 137)
 - Pilot School (FAR 141)
 - Certificate of Authorization or Waiver (COA)
 - Commercial Space Transportation Experimental Permit
 - Commercial Space Transportation License
 - Other Operator of Large Aircraft

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

- Revenue Operation for FAR 121, 125, 129, 135** (Select one for each group)
- Scheduled or Commuter Domestic
 - Non-Scheduled or Air Taxi International
 - Passenger
 - Cargo
 - Mail Contract Only

- Purpose of Flight for FAR 91, 103, 133, 137** (Select one)
- Aerial Application Firefighting Unknown
 - Aerial Observation Flight Test
 - Air Drop Glider Tow
 - Air Race/Show Instructional
 - Banner Tow Other Work Use
 - Business Personal
 - Executive/Corporate Positioning
 - External Load Skydiving
 - Ferry

Revenue Sightseeing Flight Yes No

Air Medical Flight Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____
 Airport Identifier: NONE
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 1/4 sm
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. msl

Runway Information
 Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

- Condition of Runway/Landing Surface** (Check all that apply)
- Dry Snow-Compacted Water-Calm
 - Holes Snow-Crusted Water-Choppy
 - Ice Covered Snow-Dry Water-Glassy
 - Rough Snow-Wet Wet
 - Rubber Deposits Soft
 - Slush-Covered Vegetation Unknown

- Runway/Landing Surface** (Check all that apply)
- Asphalt Grass/Turf Macadam Water
 - Concrete Gravel Metal/Wood
 - Dirt Ice Snow Unknown

Approach/Departure Segment (Select one)

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

- IFR Approach** (Check all that apply)
- None
 - ADF/NDB PAR MLS Practice
 - SDF Sidestep LDA GPS
 - VOR/TVOR ILS ASR
 - VOR/DME Localizer Only Visual
 - TACAN LOC-back course Contact
 - RNAV Circling
 - Unknown

- VFR Approach** (Check all that apply)
- None
 - Traffic Pattern Stop and Go
 - Straight-In Touch and Go
 - Valley/Terrain Following Simulated Forced Landing
 - Go Around Forced Landing
 - Full Stop Precautionary Landing
 - Unknown

"FLIGHT CREWMEMBER 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: Stan City of Residence: Jonesboro
 Middle Initial: T State: AR ZIP: 72401
 Last Name: McDaniel Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input checked="" type="radio"/> Single	Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input checked="" type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
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Pilot Certificate(s) (Check all that apply)

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

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07-24-2019</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>A Cessna</u> Model: <u>ces 172</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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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	6838.9	460 or 500								
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

"Flight Crewmember 2" Identification

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

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

Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance
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Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements (Include dates)
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

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

FLIGHT ITINERARY INFORMATION																																									
Last Departure Point Airport ID: <u>8TE8</u> City: <u>El Campo</u> State: <u>Texas</u> Country: <u>Wharton</u>	Time of Departure Time: <u>11:10</u> Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																																						
Type of ATC Clearance/Service (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA																																									
Airspace where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			Altitude of In-Flight Occurrence: _____ ft msl																																						
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE																																									
Source of Pilot Weather Information (Check all that apply) <input checked="" type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true																																							
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night																																								
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: <u>72</u> (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB																																							
Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>Se-3</u> degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>Se-3</u> kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft																																						
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals		Restriction to Visibility (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown																																						
Icing Forecast <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Amount</th> <th style="text-align: left;">Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>		Amount	Type	<input checked="" type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Type (Check all that apply)</th> <th style="text-align: left;">Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident: 																																									

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
- Substantial
- Minor
- Destroyed
- Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

at this time not sure.

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.

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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part
____ Hours
____ Cycles
Time Since This Part Inspected/Overhauled
____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 90 Gallons
Fuel Type: 80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number _____ Manufacturer: _____
Model: NONE Damage to Other Aircraft
 Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____
Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report <u>04-29-2020</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: <u>Tradewind Hg Inc. (Paul Bruton) Pres.</u> Signature: _____ <small>-- or --</small> <input type="checkbox"/> 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. CEN20CA158	Reviewed by NTSB Regional Office Central Regional Office - CEN	Name of Investigator Michael J. Hodges	Date Report Received 04/29/2020

I STAN M. J. [unclear] was Pilot
in command of AT-602
N419TW on this date of 04/21/20
departed TRADWIND home strip
at 11:00 AM for satellite strip of
Mike RYAN'S. After brief flight
I crossed over strip close to mid
field and proceeded for a extended
right downwind for (2) Base and final
since it would be my first time
going there. Everything was normal
and slow until as I was
coming to ground I could see a ground
spray fan pulling out toward runway
but not thinking much about it until
as my wheels were on the ground
the ground fan pulled on out myself
not thinking it could be on road
that went around end of strip. I'm
thinking it was crossing the strip. I'm
saying what the hell are you doing
and at that point I pushed power lever
full forward and with the short
delay for PT6 to spool up I thought
crap I'm not going to have enough
time & pulled power off & tried
getting plane stopped before
running out of runway. I suspect
these statements are the truth and
everything I can say about incident.
[redacted] 4/21/20

As for reason I did not have
copy of pilot license with me
was do to my wallet being
stolen last yr & my address
changed and I forgot to do address
change, when tax told me to
come down I realized I had
forgot & sent papers in to start
process of getting another two
copy made,



04/21/20

✓



PILOT HISTORY FORM

Insured's Name: Tradewind Ag., Inc.

Client No: [REDACTED]

Pilot's Name MICHAEL STANT
Last First Middle

Date of Birth: [REDACTED]

Mailing Address [REDACTED]

City, State, Zip Code, Phone No. El Campo, TX 77437

Occupation Pilot Employer Tradewind Ag How Long _____

Airman Certificate No. [REDACTED] Date & Class of Last Physical 2nd Class 03/27/2020

Date of Biennial Flight Review 07/24/2019

Pilot Ratings - Student ___; Private ___; Commercial ; Instructor ___; ATP ___; Instrument ___

Aircraft Ratings - S.E.L. ; M.E.L. ___; S.E.S. ___; M.E.S. ___; Helicopter ___; Other ___

Total Logged Civilian Pilot Hours (Pilot in Command) 6838.9; Co-Pilot _____

Total Logged Military Pilot Hours (Pilot in Command) _____; Co-Pilot _____

Enter breakdown of LOGGED PILOT IN COMMAND hours below (Military & Civilian Combined)

HOURS	HOURS
Single Engine Fixed Gear <u>6838.9</u>	Tailwheel <u>6838.9</u>
Single Engine Retractable Gear <u>10</u>	Aerial Application
SE -Turbo Prop <u>5065.0</u>	Total Fixed Wing AG <u>6838.9</u>
SE -Turbo Jet <u>0</u>	a) Turbine FW AG <u>5065.0</u>
Helicopter - Reciprocating Powered <u>0</u>	b) Piston FW AG <u>1773.9</u>
Helicopter - Turbine Powered <u>0</u>	Total Rotor Wing Ag <u>0</u>
Multi Engine <u>76</u>	a) Turbine RW AG <u>0</u>
Multi Engine T-Prop <u>10</u>	b) Piston RW AG <u>0</u>
Multi Engine T-Jet <u>0</u>	

Applicant Requests Approval in the Following Makes and Models of Aircraft:

Make and Model of Aircraft	Total Logged Pilot in Command Hours In Make & Model	If applicable/required - Is Annual Recurrent Training Received in this Aircraft? Date & Location /Facility (attach copy of Training Completion Certificate)
<u>AT502 / AT602</u>	MM Total: <u>4200/40-500</u> MM Last 12 Mos: <u>0/0</u>	

For Aerial Applicators - have you completed the PAASS program in the last 12 months? (Date and location) _____

Are you flying under a waiver? NO Describe in Detail _____

Ever penalized for violation of F.A.R.? NO Describe in Detail _____

Have you ever had an Accident, Incident or Violation? NO Describe in Detail _____

Has any insurance company or underwriter cancelled, declined or refused to renew any insurance on your behalf? _____

Describe in Detail NO

*Absence of entry means negative answer.

I affirm the truth of the above statements and further affirm that no material information has been withheld or suppressed.

Date 03/31/20

Pilot's Signature [REDACTED]

[REDACTED] Austin, TX 78709