

**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> Nearest City/Place: <u>Caldwell</u> State: <u>ID</u> ZIP: <u>83605</u> Country: <u>United States</u> Latitude: <u>43.64 N</u> Longitude: <u>116.64 W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	<b>Accident/Incident Date/Time</b> Date: <u>04/22/2020</u> Local Time: <u>1700</u> <i>mm/dd/yyyy</i> Time Zone: <u>Mountain</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None
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**AIRCRAFT INFORMATION**

Registration Number: <u>N6703S</u> Manufacturer: <u>Robinson</u> Model: <u>R-22 Beta II</u> Serial Number: <u>3621</u> Year of Manufacture: <u>2004</u> Amateur-Built: <input type="radio"/> Yes <input checked="" 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>1370</u> lbs Weight at Time of Accident/Incident: <u>958</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>
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<b>Category of Aircraft</b> <input type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input checked="" type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <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 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) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<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> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input checked="" 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	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input 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 <b>Fuel System Type (Reciprocating)</b> <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<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. <i>mm/dd/yyyy</i>	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	Lycoming	O-360 J2A	RL-11111-36A	UNK	180	5490.9	21.4	1026.9
Eng 2								
Eng 3								
Eng 4								

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>03/19/2020</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>7612.2</u> hrs hours measured at (Select one) <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ <b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
<b>Type of Maintenance Program (Select one)</b> <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: _____	<b>ELT Installed:</b> <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 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
<b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	<b>Additional Equipment (Check all that apply)</b> <input checked="" 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: _____

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b> Name: <u>Silverhawk Aviation Academy</u>		City: <u>Caldwell</u> State: <u>ID</u> ZIP: <u>83605</u> Country: <u>United States</u>	
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____      ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input checked="" type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial  <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i>  <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter  <input type="radio"/> Non-Scheduled or Air Taxi </div> <div> <input type="radio"/> Domestic  <input type="radio"/> International </div> </div> <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application  <input type="radio"/> Aerial Observation  <input type="radio"/> Air Drop  <input type="radio"/> Air Race/Show  <input type="radio"/> Banner Tow  <input type="radio"/> Business  <input type="radio"/> Executive/Corporate  <input type="radio"/> External Load  <input type="radio"/> Ferry </div> <div> <input type="radio"/> Firefighting  <input type="radio"/> Flight Test  <input type="radio"/> Glider Tow  <input checked="" type="radio"/> Instructional  <input type="radio"/> Other Work Use  <input type="radio"/> Personal  <input type="radio"/> Positioning  <input type="radio"/> Skydiving </div> <div> <input type="radio"/> Unknown </div> </div>	
<b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
<b>Airport Name:</b> <u>Caldwell Industrial Airport</u> <b>Airport Identifier:</b> <u>KEUL</u> <b>Proximity to Airport:</b> <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		<b>Distance From Airport Center:</b> <u>0.5</u> sm <b>Direction From Airport:</b> <u>290</u> degrees true <b>Airport Elevation:</b> <u>2432</u> ft. msl	
<b>Runway Information</b> Runway ID: <u>Taxiway</u> (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Dry  <input type="checkbox"/> Holes  <input type="checkbox"/> Ice Covered  <input type="checkbox"/> Rough  <input type="checkbox"/> Rubber Deposits  <input type="checkbox"/> Slush-Covered </div> <div> <input type="checkbox"/> Snow-Compacted  <input type="checkbox"/> Snow-Crusted  <input type="checkbox"/> Snow-Dry  <input type="checkbox"/> Snow-Wet  <input type="checkbox"/> Soft  <input type="checkbox"/> Vegetation </div> <div> <input type="checkbox"/> Water-Calm  <input type="checkbox"/> Water-Choppy  <input type="checkbox"/> Water-Glassy  <input type="checkbox"/> Wet  <input type="checkbox"/> Unknown </div> </div>	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Asphalt  <input type="checkbox"/> Concrete  <input type="checkbox"/> Dirt </div> <div> <input type="checkbox"/> Grass/Turf  <input type="checkbox"/> Gravel  <input type="checkbox"/> Ice </div> <div> <input type="checkbox"/> Macadam  <input type="checkbox"/> Metal/Wood  <input type="checkbox"/> Snow </div> <div> <input type="checkbox"/> Water  <input type="checkbox"/> Unknown </div> </div>			
<b>Approach/Departure Segment</b> <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Taxi  <input type="radio"/> Takeoff  <input type="radio"/> Initial Climb </div> <div> <input type="radio"/> VFR Departure  <input type="radio"/> IFR Departure Procedure/Clearance </div> <div> <input type="radio"/> On Instrument Approach  <input checked="" type="radio"/> Landing </div> <div> <input type="radio"/> Downwind  <input type="radio"/> Base  <input type="radio"/> Final  <input type="radio"/> Crosswind </div> <div> <input type="radio"/> Low Approach  <input type="radio"/> Go Around  <input type="radio"/> Aborted Landing (after touchdown)  <input type="radio"/> Unknown </div> </div>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ADF NDB  <input type="checkbox"/> SDF  <input type="checkbox"/> VORTVOR  <input type="checkbox"/> VOR/DME  <input type="checkbox"/> TACAN </div> <div> <input type="checkbox"/> PAR  <input type="checkbox"/> Sidestep  <input type="checkbox"/> ILS  <input type="checkbox"/> Localizer Only  <input type="checkbox"/> LOC-back course  <input type="checkbox"/> RNAV </div> <div> <input type="checkbox"/> MLS  <input type="checkbox"/> LDA  <input type="checkbox"/> ASR  <input type="checkbox"/> Visual  <input type="checkbox"/> Contact  <input type="checkbox"/> Circling </div> <div> <input type="checkbox"/> Practice  <input type="checkbox"/> GPS    <input type="checkbox"/> Unknown </div> </div>		<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Traffic Pattern  <input type="checkbox"/> Straight-In  <input type="checkbox"/> Valley/Terrain Following  <input type="checkbox"/> Go Around  <input type="checkbox"/> Full Stop </div> <div> <input type="checkbox"/> Stop and Go  <input type="checkbox"/> Touch and Go  <input checked="" type="checkbox"/> Simulated Forced Landing  <input type="checkbox"/> Forced Landing  <input type="checkbox"/> Precautionary Landing </div> <div> <input type="checkbox"/> Unknown </div> </div>	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
<b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
<b>"Flight Crewmember 1" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Regis</u>            Middle Initial: <u>J</u>            Last Name: <u>Deglans</u> </div> <div>           City of Residence: <u>Nampa</u>            State: <u>ID</u>    ZIP: <u>83687</u>            Country: <u>United States</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>48</u>    Date of Birth: <u>      </u> <u>1972</u>    mm/dd/yyyy            Certificate Number: <u>      </u> </div>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<b>Seat Occupied</b> <input checked="" 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			<b>Restraint Type</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap only  <input checked="" type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> <div> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap only  <input checked="" type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown               </div> </div>			<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																											
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student               </div> <div> <input checked="" type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport               </div> <div> <input checked="" type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer               </div> <div> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign               </div> </div>			<b>Medical Certificate</b> <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			<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <u>05/22/2019</u> mm/dd/yyyy																																																																																											
<b>Medical Certificate Limitations</b> Not valid for any class after 05/31/2020																																																																																																				
<b>Medical Certificate Special Issuance</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>09/30/2019</u> mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: <u>Robinson</u> Model: <u>R-22 Beta II</u>																																																																																																
<b>Airplane Rating(s)</b> (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			<b>Other Aircraft Rating(s)</b> (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 checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<b>Instructor Rating(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <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               </div> <div> <input type="checkbox"/> Instrument Airplane  <input checked="" type="checkbox"/> Instrument Helicopter  <input checked="" type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport               </div> </div>																																																																																											
<b>Type Ratings</b>						<b>Student Endorsements</b> (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">644</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">78</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">70</td> <td style="padding: 5px;">566</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">479</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">49</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">400</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;">292</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">292</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">101</td> <td style="padding: 5px;">101</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">101</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">4</td> <td style="padding: 5px;">4</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">4</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	644		78				70	566			Pilot in Command (PIC)	479		49					400			Time as Instructor	292							292			This Make Model											Last 90 Days	101	101						101			Last 30 Days	4	4						4			Last 24 Hours	1	1						1		
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	644		78				70	566																																																																																												
Pilot in Command (PIC)	479		49					400																																																																																												
Time as Instructor	292							292																																																																																												
This Make Model																																																																																																				
Last 90 Days	101	101						101																																																																																												
Last 30 Days	4	4						4																																																																																												
Last 24 Hours	1	1						1																																																																																												

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
<b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																				
<b>"Flight Crewmember 2" Identification</b> First Name: <u>Rudolf</u> City of Residence: <u>Boise</u> Middle Initial: <u>R</u> State: <u>ID</u> ZIP: <u>83716</u> Last Name: <u>Delgado</u> Country: <u>United States</u> Age at time of Accident Incident: <u>55</u> Date of Birth: <u>1964</u> mm/dd/yyyy Certificate Number: <u>                    </u>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input checked="" type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <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 checked="" type="radio"/> 3-point</td> <td><input checked="" 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 checked="" type="radio"/> 3-point	<input checked="" 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	<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																															
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<input type="radio"/> Unknown	<input type="radio"/> Unknown																																																																																																			
<b>Pilot Certificate(s)</b> (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				<b>Medical Certificate</b> <input type="radio"/> None <input checked="" 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			<b>Medical Certificate Validity</b> <input checked="" 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		<b>Date of Last Medical</b> <u>03/25/2019</u> mm/dd/yyyy																																																																																											
<b>Medical Certificate Limitations</b> <div style="height: 40px; border: 1px solid black;"></div>																																																																																																				
<b>Medical Certificate Special Issuance</b> <div style="height: 40px; border: 1px solid black;"></div>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>08/21/2000</u> mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: <u>Schweizer</u> Model: <u>S-300</u>																																																																																																
<b>Airplane Rating(s)</b> (Check all that apply) <input checked="" 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		<b>Other Aircraft Rating(s)</b> (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 checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" 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																																																																																														
<b>Type Ratings</b> <div style="height: 40px; border: 1px solid black;"></div>						<b>Student Endorsements</b> (Include dates) <div style="height: 40px; border: 1px solid black;"></div>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td style="padding: 5px;">355</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">6</td> <td style="padding: 5px;">355</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td style="padding: 5px;">253</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">253</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make Model</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td style="padding: 5px;">11</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">11</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">1</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </tbody> </table>											Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	355						6	355			Pilot in Command (PIC)	253							253			Time as Instructor											This Make Model											Last 90 Days	11							11			Last 30 Days	1							1			Last 24 Hours	1							1		
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																																																																																										
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<b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)						
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>			<b>Restraint Type:</b> <div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 50%;"><input type="checkbox"/> Commercial</div> <div style="width: 50%;"><input type="checkbox"/> US Military</div> <div style="width: 50%;"><input type="checkbox"/> Private</div> <div style="width: 50%;"><input type="checkbox"/> Recreational</div> <div style="width: 50%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 50%;"><input type="checkbox"/> Foreign</div> <div style="width: 50%;"><input type="checkbox"/> Student</div> <div style="width: 50%;"><input type="checkbox"/> Sport</div> <div style="width: 50%;"><input type="checkbox"/> Flight Engineer</div> </div>			<b>Restraint Type:</b> <div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <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>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)						
<b>Name and Address</b>		<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>		<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	<div style="display: flex;"> <div style="width: 50%;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown             </div> </div>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION					
<b>Last Departure Point</b> Airport ID: <u>KEUL</u> City: <u>Caldwell</u> State: <u>ID</u> Country: <u>United States</u>		<b>Time of Departure</b> Time: <u>1650 Approx</u> Time Zone: <u>Mountair</u>		<b>Destination</b> Airport ID: <u>KEUL</u> City: <u>Caldwell</u> State: <u>ID</u> Country: <u>United States</u>	
<b>Type Flight Plan Filed</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None  <input checked="" type="radio"/> Company VFR  <input type="radio"/> Military VFR  <input type="radio"/> VFR             </div> <div> <input type="radio"/> VFR IFR  <input type="radio"/> IFR  <input type="radio"/> Unknown  <input type="radio"/> Unknown             </div> </div> <b>Activated?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
<b>Type of ATC Clearance/Service</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> None  <input type="checkbox"/> VFR             </div> <div style="width: 33%;"> <input type="checkbox"/> Special VFR  <input type="checkbox"/> IFR             </div> <div style="width: 33%;"> <input type="checkbox"/> Special IFR  <input type="checkbox"/> VFR On Top             </div> <div style="width: 33%;"> <input type="checkbox"/> VFR Flight Following  <input type="checkbox"/> Traffic Advisory             </div> <div style="width: 33%;"> <input type="checkbox"/> Cruise  <input type="checkbox"/> Unknown / NA             </div> </div>					
<b>Airspace where the accident/incident occurred</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Class A  <input type="checkbox"/> Class B  <input type="checkbox"/> Class C  <input type="checkbox"/> Class D  <input type="checkbox"/> Class E             </div> <div style="width: 33%;"> <input checked="" type="checkbox"/> Class G  <input type="checkbox"/> Demo Area  <input type="checkbox"/> Warning Area  <input type="checkbox"/> Prohibited Area  <input type="checkbox"/> Restricted Area             </div> <div style="width: 33%;"> <input type="checkbox"/> Military Operations Area (MOA)  <input type="checkbox"/> Airport Advisory Area  <input type="checkbox"/> Jet Training Area  <input type="checkbox"/> TRSA  <input type="checkbox"/> FAR 93             </div> <div style="width: 33%;"> <input type="checkbox"/> Special  <input type="checkbox"/> Air Traffic Control Area  <input type="checkbox"/> Unknown             </div> </div> <b>Altitude of In-Flight Occurrence:</b> _____ ft msl					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
<b>Source of Pilot Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather			<b>Weather Observation Facility</b> Facility ID: <u>KEUL</u> Observation Time: <u>1700</u> Time Zone: <u>Mountain</u> Distance from Accident Site: <u>0.5</u> nm Direction from Accident Site: <u>110</u> degrees true		
<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		<b>Light Condition</b> <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			
<b>Sky/Lowest Cloud Condition</b> <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 <b>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling</b> <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 <b>Ceiling Height</b> _____ ft agl		<b>Temperature:</b> <u>21</u> (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>30.04</u> in. Hg or _____ MB	
<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: _____ kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft		
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		<b>Type of Precipitation</b> (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		<b>Restriction to Visibility</b> (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	
<b>Icing Forecast</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>		<b>Icing Actual</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b>  <input checked="" type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>		<b>Turbulence</b> <b>Type</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
<b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b> <u>KEUL: Runway 30 Precision Approach Path Indicator OUT OF SERVICE</u>					



**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)*

Landing gear cross tubes bent. One M/R blade struck the top of the tail cone.

**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.

See attached

<b>RECOMMENDATION</b> (How could this accident/incident have been prevented?)															
<p>Operator/Owner Safety Recommendation</p> <p>Remind all Students and Instructors about the Caution in the Emergency Procedures section of the R-22 POH: "Increase rotor RPM to 97% minimum when autorotating below 500 feet AGL".</p> <p>Also, include the same note in the R-22 Maneuver Guide used by the flight school for autorotation training.</p> <p>Verbal reminder during safety meetings.</p>															
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)															
<p>Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i></p>			<p><b>Total Time/Cycles On Part</b></p> <p>_____ Hours</p> <p>_____ Cycles</p>												
			<p><b>Time Since This Part Inspected/Overhauled</b></p> <p>_____ Hours</p>												
<b>FUEL &amp; SERVICES INFORMATION</b>															
<p><b>Fuel on Board at Last Takeoff</b> <i>(Convert from pounds, as necessary)</i></p> <p><u>13.0</u> Gallons</p>	<p><b>Fuel Type</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> 80/87</td> <td><input type="radio"/> 115/145</td> <td><input type="radio"/> Jet B</td> <td><input type="radio"/> Other, specify _____</td> </tr> <tr> <td><input checked="" type="radio"/> 100 Low Lead</td> <td><input type="radio"/> Jet A</td> <td><input type="radio"/> JP8</td> <td></td> </tr> <tr> <td><input type="radio"/> 100/130</td> <td><input type="radio"/> Jet A-1</td> <td><input type="radio"/> Automotive</td> <td></td> </tr> </table>			<input type="radio"/> 80/87	<input type="radio"/> 115/145	<input type="radio"/> Jet B	<input type="radio"/> Other, specify _____	<input checked="" type="radio"/> 100 Low Lead	<input type="radio"/> Jet A	<input type="radio"/> JP8		<input type="radio"/> 100/130	<input type="radio"/> Jet A-1	<input type="radio"/> Automotive	
<input type="radio"/> 80/87	<input type="radio"/> 115/145	<input type="radio"/> Jet B	<input type="radio"/> Other, specify _____												
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<input type="radio"/> 100/130	<input type="radio"/> Jet A-1	<input type="radio"/> Automotive													
<p><b>Other Services, if Any, Prior to Departure</b></p>															
<b>EVACUATION OF AIRCRAFT</b>															
<p>Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>															
<p><b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location</p>															
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for <i>other</i> aircraft)															
<p><b>Aircraft Registration Number</b></p> <p>_____</p>	<p><b>Manufacturer:</b> _____</p> <p><b>Model:</b> _____</p>		<p><b>Damage to Other Aircraft</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Destroyed</td> <td><input type="checkbox"/> Minor</td> </tr> <tr> <td><input type="checkbox"/> Substantial</td> <td><input type="checkbox"/> None</td> </tr> </table>	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Minor	<input type="checkbox"/> Substantial	<input type="checkbox"/> None								
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Minor														
<input type="checkbox"/> Substantial	<input type="checkbox"/> None														
<p><b>Registered Owner of Other Aircraft</b></p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>		<p><b>Pilot of Other Aircraft</b></p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>													



**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

<b>Date of this Report</b> <u>04/28/2020</u> <small>mm dd yyyy</small>	<b>Name of Pilot/Operator:</b> _____ <b>Signature:</b> _____ <small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

<b>Name:</b> <u>Allen P. R.</u>	<b>Title:</b> <u>Chief Flight Instructor</u>
<b>Signature:</b> _____ <small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document	

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> WPR20CA140	<b>Reviewed by NTSB Regional Office</b> WPR-AS	<b>Name of Investigator</b> Albert Nixon	<b>Date Report Received</b> 04/28/2020
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## Aircraft Incident Report

Date: April 22, 2020

Time: Approximately 1700 Local

Aircraft Tail Number: N6703S

Hobbs: 3432.7

### Synopsis:

While conducting an instructional flight, inadvertent contact was made with the ground during a maximum glide configuration autorotation. This resulted in a tail strike and damage to the tail boom.

### Narrative:

The dual instruction flight was initiated with basic flight maneuvers to assess the student's performance status after a month long break in training. The following maneuvers were practiced: normal, steep, shallow with run on landing and maximum performance takeoff. All maneuvers were completed satisfactory. After the listed maneuvers we performed two straight in autorotations. On the first one we went long, I asked the student if he considered entering a slip, he stated he had not. We took off to perform another straight in and I went over the process of entering a slip. We performed the maneuver with the slip and terminated safely at our intended point of landing. Since he had limited experience with slips I decided to go to the Simplot area where the maneuver could be performed from a higher altitude in a safer environment. We did two entries with slips and returned to the airport. As we approached the airport I discussed the maximum glide configuration as an additional tool. I told him we would do another straight in autorotation with a max glide configuration. We lined up with Taxiway A/30 at 3000'MSL and 70KIAS. We entered the maneuver (I was on the controls with him), as the autorotation

was established and RPMs were stable we added forward cyclic to a speed of approximately 72-74KIAS, we also raised the collective to lower the RPMs to approximately 93-94%. As we approached the top of the hangars I verbalized and began applying aft cyclic to slow down our rate of descent and regain RPMs. The application of aft cyclic did not slow down the rate of descent, at this point I applied more aft cyclic and realized we were going to make contact with the ground. I began to roll the throttle on and level the aircraft as we approached the ground. We made hard contact in the most leveled attitude I was able to place the aircraft. After contact was made the aircraft bounced once, made contact again and came to rest on the taxiway. I verified the student was ok, rolled the throttle down and looked outside the aircraft for damage. I initially I did not see any. I rolled up and moved the aircraft out of the taxiway and pushed it inside.

How could this have been prevented:

Although I believe in giving students as many tools as possible in an effort to make them safer pilots the airport setting is not the best location for such training. This maneuver could have been practiced in one of the practice areas from a higher altitude. I also believe more cushion could have been built into the maneuver. I could have performed the maneuver at 70KIAS and kept the RPMs closer to the green range.

Submitted by Regis Deglans.