

<b>NATIONAL TRANSPORTATION SAFETY BOARD</b> <b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b> <b>This form to be used for reporting civil and public aircraft accidents and incidents</b>																																																					
<b>BASIC INFORMATION</b>																																																					
<b>Accident/Incident Location</b> Nearest City/Place: <u>HICKORY</u> State: <u>NC</u> ZIP: <u>28601</u> Country: <u>USA</u> Latitude: <u>35° 79</u> Longitude: <u>-81.29</u> <small>(Enter in decimal degrees or degrees:minutes:seconds)</small>					<b>Accident/Incident Date/Time</b> Date: <u>4/14/2020</u> Local Time: <u>~ 5:30</u> <small>mm/dd/yyyy</small> Time Zone: <u>EDT</u>																																																
<b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None																																																					
<b>AIRCRAFT INFORMATION</b>																																																					
<b>Registration Number:</b> <u>N189PF</u> <b>Manufacturer:</b> <u>LAKE</u> <b>Model:</b> <u>200EP</u> <b>Serial Number:</b> <u>1100</u> <b>Year of Manufacture:</b> <u>1985</u> <b>Amateur-Built:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____					<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft <b>Maximum Gross Weight:</b> <u>2690</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>2400</u> lbs <b>Number of Seats:</b> <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ <b>Number of Engines:</b> <u>1</u>																																																
<b>Category of Aircraft</b> <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		<b>Type of Airworthiness Certificate</b> <small>(Check all that apply)</small> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <b>Standard</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Aerobatic  <input type="checkbox"/> Balloon  <input type="checkbox"/> Commuter  <input type="checkbox"/> Transport  <input type="checkbox"/> Utility               </td> <td style="vertical-align: top;"> <b>Special</b>  <input type="checkbox"/> Restricted  <input type="checkbox"/> Limited  <input type="checkbox"/> Provisional  <input type="checkbox"/> Special Flight  <input type="checkbox"/> Experimental  <input type="checkbox"/> Special Light-Sport  <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			<b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility	<b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport	<b>Landing Gear</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input checked="" 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		<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 type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected																																												
<b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility	<b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Serial</th> <th style="width: 20%;">Manufacturer's Serial Number</th> <th style="width: 10%;">Date of Mfg. <small>mm/dd/yyyy</small></th> <th style="width: 10%;">Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust</th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since: Inspection (hours)</th> <th style="width: 10%;">Time Since: Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>LYC</u></td> <td><u>10360A1B6</u></td> <td><u>RL-15269-SIA</u></td> <td></td> <td><u>200</u></td> <td><u>3551</u></td> <td><u>17</u></td> <td><u>126</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)	Eng. 1	<u>LYC</u>	<u>10360A1B6</u>	<u>RL-15269-SIA</u>		<u>200</u>	<u>3551</u>	<u>17</u>	<u>126</u>	Eng. 2									Eng. 3									Eng. 4									<b>Last Inspection Type</b> <input 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 <b>Date Last Inspection:</b> <u>8/11/19</u> <small>mm/dd/yyyy</small> <b>Airframe Total Time:</b> <u>5975</u> hrs <small>hours measured at (Select one)</small> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident							
Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)																																													
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Eng. 2																																																					
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<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>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-E2YR-1B6F</u>				<b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____																																													
<b>Description of Fire Extinguishing System</b> <input type="radio"/> None <input type="radio"/> Specify: <u>N/A</u>				<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: <b>ELT Manufacturer:</b> <u>EMG BEACON CO.</u> <b>Model or Part No.:</b> <u>EBC-502</u> <b>TSO No.:</b> <input checked="" type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) <b>Was ELT still mounted in aircraft?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>Was ELT still connected to antenna?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>Did ELT Activate?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: <b>Did ELT Aid in Locating Aircraft:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: <b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown				<b>Additional Equipment (Check all that apply)</b> <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 checked="" 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			
<b>Registered Aircraft Owner</b> Name: <u>Myron Mitchell</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>ADVANCE</u> State: <u>NC</u> ZIP: <u>27006</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		<input checked="" type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input checked="" 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 type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input 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="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Public Aircraft <i>(Select one)</i> <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> 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="checkbox"/> Scheduled or Commuter  <input type="checkbox"/> Non-Scheduled or Air Taxi             </div> <div> <input type="checkbox"/> Domestic  <input type="checkbox"/> International             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Passenger  <input type="checkbox"/> Cargo  <input type="checkbox"/> Mail Contract Only             </div> </div>			
<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="checkbox"/> Aerial Application  <input type="checkbox"/> Aerial Observation  <input type="checkbox"/> Air Drop  <input type="checkbox"/> Air Race/Show  <input type="checkbox"/> Banner Tow  <input type="checkbox"/> Business  <input type="checkbox"/> Executive/Corporate  <input type="checkbox"/> External Load  <input type="checkbox"/> Ferry             </div> <div> <input type="checkbox"/> Firefighting  <input type="checkbox"/> Flight Test  <input type="checkbox"/> Glider Tow  <input type="checkbox"/> Instructional  <input type="checkbox"/> Other Work Use  <input checked="" type="checkbox"/> Personal  <input type="checkbox"/> Positioning  <input type="checkbox"/> Skydiving             </div> <div> <input type="checkbox"/> Unknown             </div> </div>			
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>LAKE HICKORY</u> Airport Identifier: <u>N/A NONE</u> Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input checked="" type="radio"/> N/A		Distance From Airport Center: <u>N/A</u> sm Direction From Airport: <u>N/A</u> degrees true Airport Elevation: <u>N/A</u> ft. msl	
<b>Runway Information</b> Runway ID: <u>N/A</u> (L/R/C) Length: <u>4000</u> ft Width: <u>1000</u> ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input 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 checked="" 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 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 checked="" 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 checked="" 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 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"/> VOR/TVOR  <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 checked="" type="checkbox"/> Stop and Go  <input checked="" type="checkbox"/> Touch and Go  <input type="checkbox"/> Simulated Forced Landing  <input type="checkbox"/> Forced Landing  <input type="checkbox"/> Precautionary Landing  <input type="checkbox"/> Unknown             </div> </div>	

"FLIGHT CREWMEMBER 1" INFORMATION											
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input checked="" 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> First Name: <u>MYRON</u> Middle Initial: <u>W</u> Last Name: <u>MITCHELL</u> Age at time of Accident/Incident: <u>70</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>					City of Residence: <u>ADWAINCO</u> State: <u>NC</u> ZIP: <u>27006</u> <u>USA</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 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>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		<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		<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) (Check all that apply)</b> <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>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<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 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>11/21/2020</u> mm/dd/yyyy					
<b>Medical Certificate Limitations</b> <u>MUST WEAR CORRECTIVE LENSES</u>											
<b>Medical Certificate Special Issuance</b> <u>N/A</u>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>6/17/2018</u> mm/dd/yyyy			<b>Flight Review Aircraft</b> Make: <u>BOEING</u> Model: <u>737</u>								
<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s) (Check all that apply)</b> <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		<b>Instrument Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s) (Check all that apply)</b> <input checked="" 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					
<b>Type Ratings</b> <u>N/A</u>					<b>Student Endorsements (Include dates)</b> <u>N/A</u>						
<b>Flight Time (Enter appropriate number of hours in each box)</b>		<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time		3062	1726	3062		700	362	46			
Pilot in Command (PIC)		11	11	11		11	11	11			
Time as Instructor											
This Make/Model											
Last 90 Days		28	7								
Last 30 Days		6	3								
Last 24 Hours											

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																			
<b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b> <input 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 type="checkbox"/> No																																																																																																			
<b>"Flight Crewmember 2" Identification</b> 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: _____																																																																																																			
<b>Degree of Injury</b> <input 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 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 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	<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																																																																														
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<input type="radio"/> Unknown	<input type="radio"/> Unknown																																																																																																		
<b>Pilot Certificate(s)</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>										<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																																																																															
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<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<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 type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Validity</b> <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			<b>Date of Last Medical</b> _____ mm/dd/yyyy																																																																																											
<b>Medical Certificate Limitations</b>  																																																																																																			
<b>Medical Certificate Special Issuance</b>  																																																																																																			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy				<b>Flight Review Aircraft</b> Make: _____ Model: _____																																																																																															
<b>Airplane Rating(s)</b> (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		<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 type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> (Check all that apply) <input 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 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																																																																																												
<b>Type Ratings</b>  						<b>Student Endorsements</b> (Include dates)  																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <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="text-align: center; padding: 5px;">All Aircraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="text-align: center; padding: 5px;">Night</th> <th colspan="2" style="text-align: center; padding: 5px;">Instrument</th> <th rowspan="2" style="text-align: center; padding: 5px;">Rotorcraft</th> <th rowspan="2" style="text-align: center; padding: 5px;">Glider</th> <th rowspan="2" style="text-align: center; padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="text-align: center; padding: 5px;">Actual</th> <th style="text-align: center; padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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											Pilot in Command (PIC)											Time as Instructor											This Make/Model											Last 90 Days											Last 30 Days											Last 24 Hours										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
<b>Crew Name and Address</b>			<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____ City of Residence: _____ 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"/> 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) (Check all that apply)</b> <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			<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <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		<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"/> 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) (Check all that apply)</b> <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			<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <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		<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			
PASSENGER(S) / OTHER PERSONNEL (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: <u>BRIANA</u> City: <u>ADULTICE</u> Middle Initial: _____ State: <u>DC</u> ZIP: <u>27006</u> Last Name: <u>KUBIK</u> Country: <u>USA</u>		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<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	<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	<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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	<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	<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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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	<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	<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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<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	<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	<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	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION					
<b>Last Departure Point</b> Airport ID: <u>K2EF</u> City: <u>ELKIN</u> State: <u>NC</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>APPROX 1700</u> Time Zone: <u>EDT</u>		<b>Destination</b> Airport ID: <u>LAKE HICKORY</u> City: <u>HICKORY</u> State: <u>NC</u> Country: <u>USA</u>	
<b>Type Flight Plan Filed</b> <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 checked="" type="radio"/> No <input type="radio"/> Unknown					
<b>Type of ATC Clearance/Service (Check all that apply)</b> <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					
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93					
<b>Altitude of In-Flight Occurrence:</b> _____ ft msl					
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
<b>Source of Pilot Weather Information (Check all that apply)</b> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV Radio <input type="checkbox"/> Internet <input checked="" 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			<b>Weather Observation Facility</b> Facility ID: <u>CHT</u> Observation Time: <u>1652</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>40</u> nm Direction from Accident Site: <u>130</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 checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <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>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>Temperature:</b> _____ (C) or <u>77</u> (F) <b>Dew Point:</b> _____ (C) or <u>37</u> (F) <b>Altimeter Setting:</b> <u>29.11</u> in. Hg or _____ MB	
<b>Lowest Cloud Condition Height</b> <u>N/A</u> ft agl		<b>Ceiling Height</b> <u>N/A</u> ft agl			
<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable Direction: _____ degrees true	<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: <u>0</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting Speed: <u>0</u> kts	<b>Visibility</b> <u>30</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>N/A</u> ft		
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <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 (Check all that apply)</b> <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> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> <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 <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Turbulence</b> <b>Type (Check all that apply)</b> <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>N/A</u>					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
<b>Aircraft Damage</b> <input type="radio"/> None <input checked="" type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown <input type="radio"/> Unknown	<b>Aircraft Fire</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
<b>Description of Damage to Aircraft and Other Property</b> (Use additional sheet if necessary) <p>TWISTED HULL BEHIND WATER TIGHT BULKHEAD            SPARONS DETACHED</p>		
<b>NARRATIVE HISTORY OF FLIGHT</b> (Please type or print in ink) <p>Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.</p> <p>CONDUCTING WATER OPERATIONS ON LAKE HICKORY            ON TAKEOFF            DECIDED TO ABORT TAKEOFF IN THE INTEREST OF SAFETY            UPON REDUCTION OF POWER PLANE BECAME AIRBORNE            INITIATED SLIGHT RIGHT TURN TOWARDS MORE OPEN WATER            UPON LANDING AIRPLANE WATER LOOPEL            TAXIED TO SHORELINE            SECURED AIRPLANE            NO INJURIES</p>		

RECOMMENDATION (How could this accident/incident have been prevented?)													
Operator/Owner Safety Recommendation <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">             I AM WORKING WITH MEMBERS OF THE LAKE AMPHIBIAN CLUB TO SEE IF THERE ARE ANY "TEACHING MOMENTS" THAT CAN BE LEARNED.              MY RECOMMENDATION IS THAT OPERATORS BE MADE AWARE OF REDUCTION IN POWER RESULTS ON TAKEOFF.           </div>													
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)													
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</small>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Total Time/Cycles On Part</th> </tr> <tr> <td style="width: 80%; text-align: center; padding: 5px;">N/A</td> <td style="width: 20%; text-align: right; padding: 5px;">Hours</td> </tr> <tr> <td style="text-align: center; padding: 5px;">N/A</td> <td style="text-align: right; padding: 5px;">Cycles</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Time Since This Part Inspected/Overhauled</th> </tr> <tr> <td style="text-align: center; padding: 5px;">N/A</td> <td style="text-align: right; padding: 5px;">Hours</td> </tr> </table>	Total Time/Cycles On Part		N/A	Hours	N/A	Cycles	Time Since This Part Inspected/Overhauled		N/A	Hours
Total Time/Cycles On Part													
N/A	Hours												
N/A	Cycles												
Time Since This Part Inspected/Overhauled													
N/A	Hours												
FUEL & SERVICES INFORMATION													
Fuel on Board at Last Takeoff <small>(Convert from pounds, as necessary)</small> <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">45</div> Gallons	Fuel Type <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> 80/87  <input checked="" type="radio"/> 100 Low Lead  <input type="radio"/> 100/130             </div> <div style="width: 50%;"> <input type="radio"/> 115/145  <input type="radio"/> Jet A  <input type="radio"/> Jet A-1             </div> <div style="width: 50%;"> <input type="radio"/> Jet B  <input type="radio"/> JP8  <input type="radio"/> Automotive             </div> <div style="width: 50%;"> <input type="radio"/> Other, specify _____             </div> </div>												
Other Services, if Any, Prior to Departure <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">N/A</div>													
EVACUATION OF AIRCRAFT													
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">OCCUPANTS EXITED NORMALLY</div>													
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)													
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> 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

4/14/20  
mm/dd/yyyy

Name of Pilot/Operator: MYRON MITCHELL

Signature: [REDACTED]

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

If a Person Other than Pilot/Operator is Filing Report

Name: GARY MITCHELL

Signature: [REDACTED]

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

Title: ADVOCATE

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

ERA20CA144

ERA

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R. Hicks

4/14/2020