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

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

| | KESWINE STATE | 3. 17 vo. 93 | Salada et alaka da ka | 5 (A) | en e vales en en en | PROCESS AND | ARREST SARS | z Sekulat i kali sakitik | | ~ - /^ s.usars./vs/saks |
|---|---------------------------|------------------------|-------------------------|-------------------------------|--|--|---------------|--------------------------|-----------------|----------------------------|
| BASIC INFORMATION | | | -146 | | | | K fortisty is | 2.745.07.341 | ** : 70 t | |
| Accident/Incident Location | | | | D | ate/Time | | | | | |
| Nearest City/Place: Naples | | State | . Florida | D | ate: 01/22/2 | | Loca | 1'Time: 19 | 15 | |
| ZIP: 34104-3568 Country: United States | | | | | mm/dd/yy | yy | Time | Zone: ES | iΤ | |
| Latitude: 26:09:14 N (dd:mm:ss N/S) Longitude: 81 | :46:55 W | (ddd: | :mm:ss E/W) | | | | 11111 | . Zone | | |
| Phase of Operation | | | | C | ollision with O | ther Aircr | aft . | Altitude o | f In-Flight | |
| Standing Takeoff (incl. initial climb) Crui | | _ | Iover | |] Midair | | | Occurren | ce | |
| ☐ Taxi ☐ Climb ☐ Man ☐ Descent ☑ Landing ☐ App | euvering roach | _ | Other Jnknown | | On-ground None | | l | | 1 | ft MSL |
| AIRCRAFT INFORMATION | | | | | <u>-</u> | | | | | |
| Manufacturer: Cessna | | | | ٦ | Max Gross V | Veight: | - | 7,210 lbs | | |
| Model: C402-C Utiliner | | | | - | Weight at Tir | | | | 6.1 | 75 lbs |
| Serial Number: 402C0101 | | | | ļ | Location of C | | | | | |
| | Amatourh | mile. | ☐ Yes 🗹 No | | 20024,021 01 0 | | • | | or datu | |
| Registration (valides). 1125/05 | Alitacul-u | unt. | □ 1 cs 1 4] 1/(| ۱ | -or- | | | | namic Cord (| |
| Category of Aircraft Type of Airworthiness | Certificate | | Number of | Se | ats: | 10 | Landin | g Gear | ✓ Retrac | table |
| ☑ Airplane (Check all that apply) | | | | | | | Check a | ny addition | ial landing ge | ar |
| Balloon Standard Spe | | | If Large Airer | raft | , how many seats | for: | configu | ration that | applies: | |
| Glider Normal | estricted imited | | Flight Cr | ew | = | | Tric | yele | ☐ Ta | nilwheel |
| 1 Crypograff | rovisional | | Cabin Cr | ew | : | \ | | phibian | | igh Skid |
| Dowered lift I transport E | xperimental pecial Flight | | 1 | | | | ☐ Eme | ergency Flo | at ∏Sk ∏Sk | |
| ∐ Ultralight ⊟ T | ight Sport | | | | | | ☐ Rol | | | ci/Wheel |
| ☐ Unknown | | | | | - | <u> </u> | Unk | nown | | |
| Type of Maintenance Program | Last Ins | pecti | on Type | | | Date Las | t Inspect | | 01/13/2009 |) |
| ☐ Annual ☐ Conditional (Amateur-built only) | 100 Ho | шт | | | Airworthiness | | | m | n/dd/yyyy | |
| Manufacturer's Inspection Program | AAIP Annuai | 1 | ☐ Condition☐ Unknown | | Inspection | Airframe | Total T | ima. | 23.6 | 31 _{lars} |
| Other Approved Inspection Program (AAIP) | | - | | - | | | | at (check o | | O (IIIS |
| Continuous Airworthiness Other, specify: | 1 | | | | • | | | | ime of Accid | ent/Incident |
| IFR Equipped | Stall Wa | rning | System Inst | all | ed | Type of I | Fire Exti | nguishing | System | |
| ☑ Yes ☐ No ☐ Unknown | | | o 🔲 Unknow | | | None | | | | |
| | | | - | | | ☑ Specify Halon handheld extinguisher | | | | |
| | <u> </u> | | | | | | | | | |
| ELT Installed ELT Activated | ELT Ma | nufac | cturer: Dorne | e 8 | & Margolin | | | | | |
| ☐ Yes ☐ No ☐ Yes ☐ No | Model/Se | Icl/Series: BS2173 | | | | | | | | |
| ELT Aided in Locating Accident/Incident | Serial Nu | | | | | | | _ | | |
| Yes No | Battery 1 | Fvne: | : Six cell batt | Dattery Exp. Date: 04/30/2009 | | | | | | 2009 |
| Engine Type Reciprocati | | - | ropeller | | | | | <u> </u> | | |
| Reciprocating Turbo Jet System Typ | | | - | | | N-0 | | | | |
| ☐ Turbo Shaft ☐ Turbo Fan ☐ Carburetor | | | Fixed Pitch | | | turer: McC | | | | |
| ☐ Turbo Prop ☐ Unknown ✔ Fuel Inject | | | Controllable P | 'ite. | Model: | 3AF32C50 | | | | |
| | | | | | | Engine Ra Power Me | | | m; | |
| | | | | | Date | as (check of | | Total | Tîme Since | Time Since |
| Engine | | | ufacturer's | | of Mfg. | Horse | | Time | Inspection | Overhaul |
| Engine Engine Manufacturer Model/Series Eng. 1 Teledyne Continental Motors (Left) TCIO 520 VB | | Seria 336152 | l Number -R | | mm/dd/yyyy 07/31/2008 | ☐ lbs of | Thrust 325 | (hours) 470 | (hours) 38 | (hours) 470 |
| Eng. 1 Teledyne Continental Motors (Left) TCIO 520 VB Eng. 2 Teledyne Continental Motors (Right) TCIO 520 VB | | 332068 | | | 03/08/2007 | | 325 | 1,732 | 38 | 1,732 |
| Eng. 3 | | | | | 33,00,207 | | | 1,132 | | |
| Eng. 4 | | | | | | | | | | <u> </u> |

| | TION | | | |
|--|---|--|--|--|
| Registered Aircraft Owner | | Owner Address | | |
| Name: Hyannis Air Service, Inc. | | City: Hyannis | | |
| Fractional Ownership Aircraft: Yes 🚺 | No. | State: MA ZIP: 02601 | | |
| | Country: United States Operator Address V Same As Registered Owner | | | |
| Operator of Aircraft | astered Owner | | | |
| Name: | | City: State: ZIP: | | |
| Doing Business As: Cape Air / Nantucket A Air Carrier/Operator Designator (4 Character | | State: ZIP: Country: | | |
| Regulation Flight Conducted Under | 0000). | Revenue Sightsecing Flight | | |
| ☐ FAR 91 ☐ FAR 129 ☐ FAR 91 S | pecial Flight Public Use (select type) | Yes VNo | | |
| ☐ FAR 103 ☐ FAR 133 ☐ Non-US, C | Commercial | Air Medical Flight | | |
| ☐ FAR 121 | Non-commercial Unknown | ☐ Ycs ✓ No | | |
| Purpose of Flight | Revenue Operation | Type of Commercial Operating Certificate Held | | |
| for FAR 91, 103, 133, 137 (Select one) | for FAR 121, 125, 129, 135 (Select one) | (Check all that apply) | | |
| Personal | Scheduled or Commuter | None | | |
| Business | Non-Scheduled or Air Taxi | Flag Carrier Operating Certificate (121) Supplemental | | |
| Executive/Corporate Other Work Use | | Air Cargo | | |
| Instructional | Domestic or International | Foreign Air Carriers (129) Commuter Air Carrier (135) | | |
| Ferry Positioning | ☑ Domestic ☐ International | On-Demand Air Taxi (135) | | |
| Aerial Application | 6.0.0 | Large Helicopter (127) | | |
| ☐ Aerial Observation ☐ Air Drop | Cargo Operation Passenger/Cargo | Rotorcraft External Load (133) | | |
| Air Race / Show | Passenger How many? | Agricultural Aircraft (137) | | |
| ☐ Flight Test ☐ Public Use | Cargolbs | Other Operator of Large Aircraft | | |
| Unknown | | | | |
| OTHER AIRCRAFT - COLLISIO | N (if air or ground collision occurred, complete | this section for other aircraft) | | |
| Aircraft Registration Number Manufact | urer: | Damage to Other Aircraft | | |
| 36 7 1. | | [∐ Destroyed ☐ Minor | | |
| Registered Owner of Other Aircraft | | | | |
| First Name | City: | | | |
| I list Name. | | | | |
| First Name: Middle Initial: | State: | ZIP: | | |
| Middle Imital: Last Name: | State: Country: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft | Country: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: | Country: City: | | | |
| Middle Imital: Last Name: Pilot of Other Aircraft | Country: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: | Country: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I | City: State: Country: PAILURE (If more space is needed; continue | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: | Country: City: State: Country: FAILURE (If more space is needed; continue) | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Imital: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: On separate sheet) Total Time/Cycles On PartHours | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: On separate sheet) Total Time/Cycles On PartHours | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | Country: City: State: Country: Country: Yes No Unknown t no., serial no., and describe the failure.) | ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par The fuel selector had a mechanical malfunction | City: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par | City: | ZIP: | | |
| Middle Imital: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/I Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par The fuel selector had a mechanical malfunction DAMAGE TO AIRCRAFT AND O | Country: City: State: Country: FAILURE (If more space is needed; continue e? Yes No Unknown t no., serial no., and describe the failure.) THER PROPERTY raft Fire | ZIP: | | |

| Description of Damage to Aircraft and C | Other Property (use add | litional sheet if r | necessary) | | |
|--|-------------------------|------------------------------|--|--------------------------|--|
| None | | | | | |
| | | | | | |
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| AIRPORT INFORMATION (If the | accident/incident occi | urred on appr | oach, takeoff or within | 3 miles of an airpo | ort, complete this section) |
| Airport Identifier: KAPF | | | Distance From Airpo | ort Center: | 0 SM |
| Airport Name: Naples Municipal Airpor | t | | Direction From Airp | · | 0 degrees MΛG |
| Proximity to Airport Off Airport/Airst | | On Airstrip | Airport Elevation: | <u> </u> | 8 ft. MSL |
| Approach Segment (Select one) | | | THI POTE LICENCE | | R. MANS |
| On Instrument Approach Landin | g 🔲 Base | a 1aa | [Final | | ☐ Go Around |
| Crosswind Down | | v Approach | | Landing (after touchdo | |
| IFR Approach (Check all that apply) | | | VFR Approach (Che | eck all that apply) | |
| ✓ None ☐ PAR | | Practice | None | | Stop and Go |
| ADF/NDB Sidestep SDF ILS | _ = | GPS Loran | ☐ Traffic Pattern ☐ Straight-In | | Fouch and Go Simulated Forced Landing |
| ☐ VOR/TVOR ☐ Localizer Only | | Unknown | Valley/Terrain Follow | ving 🔲 🗀 🗀 | Forced Landing |
| □ VOR/DME □ LOC-back course □ TACAN □ RNAV | ☐ Contact ☐ Circling | | ☐ Go Around ☐ Full Stop | | Precautionary Landing Unknown |
| | | | Condition of Runway | | |
| Runway Information | E 000 a wild | 75 0 | | Snow-Compacted | Water-Calm |
| Runway ID: 14 (L/R/C) Length: | ft_Width: | <u>75</u> ft | Holes | Snow-Crusted | Water-Choppy |
| Runway/Landing Surface (Check all that | | | ☐ Ice Covered | ☐ Snow-Dry ☐ Snow-Wet | ☐ Water-Glassy ☐ Wei |
| | Para . | , | | Soft | Unknown |
| Dirt Lce Snow | _ | | | ☐ Vegetation | |
| FLIGHT ITINERARY INFORMA | TION | TO SEC. | | | |
| Last Departure Point | Time of Departure | Destination | 1 | Type Flig | ht Plan Filed |
| Airport ID: KEYW | Time: 1830 | Airport ID: L | KRSW | None | ☐ VFR/IFR |
| City: Key West | | City: Fort M | lyers | Compai | |
| State: Florida | Time Zone: EST | State: Florio | la | ☐ VFR | |
| Country: United States | | Country: Uni | ited States | Activated? | Yes 🔲 No |
| Type of ATC Clearance/Service (Check a | ll that apply) | | | | |
| ☐ None ☐ Special VFR | Special | | ☐ VFR Fligh | | Cruise |
| □vfr Z ifr | □ VFR | | Traffic Ad | visory | Unknown / NA |
| Airspace where the accident/incident occ | | | | TI | По. 11 |
| ☐ Class A ☐ Class E ☐ Class B ☐ Class G | | hibited Area tricted Area | | Training Area | Special Air Traffic Control Area |
| Class C Demo Area | | itary Operations | | R 93 | Unknown |
| ☐ Class D ☐ Warning Area | | oort Advisory A | rea | | |
| Aircraft Load Description (Check all that | | achutists | П т:: | estock/ | |
| Passengers Towing Gride | | | The state of the s | known | |
| Cargo Other Externa | I Che | mical/Fertilizer | | | |
| FUEL & SERVICES INFORMAT | ION | | | | populación successor de la companya |
| Fuel on Board at Last Takeoff | Fuel Type | | | | |
| (convert from pounds, as necessary) | 80/87 | 115/145 | □ JP3 | Other, specify _ | |
| Gallons | 100 Low Lead | ☐ Jet A ☐ Automotive | ☐ JP4 c ☐ JP5 | | |
| Other Services, if Any, Prior to Departur | _ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | 30 July 2000 50 1 July 20 | 38.83.25 | | | . E (X, 7) | | |
|---|--|---|--|--|-----------------------------|--|--|--|
| Was an emergency evacuation | | | | ☐ Yes | | | | |
| Method of Exit - Describe ho | | | | | | location | 1 | |
| After stopping, all passengers a | nd the pilot exited t | the aircraft | throug | in the main cabin o | door. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| WEATHER INFORMA | TION AT THI | = ACCIE | DENT | /INCIDENT | SITE | A10.47.7 | | |
| Weather Observation Facilit | 7 | | | ce of Weather In | 10.00 | K98 (151 <u>. 29</u> | | Method of Briefing |
| Facility ID: KAPF | • | | | k all that apply) | | | | (Check all that apply) |
| Observation Time: 2353Z | | _ | | ational Weather Ser- ight Service Station | | | Company Military | ☐ In Person ☐ Teletype |
| Time Zone: Eastern | | _ } | Т | V/Radio | | | Internet | Telephone/Computer |
| Distance from Accident Site: | 0 N | JM | | utomated Report | Service (DUA') | | Unknown | ☐ Aircraft Radio ☐ TV/Radio |
| Direction from Accident Site: | 0 degre | ees MAG | | minorcial weather | BCCVICC (DOA) | . 13) | | Unknown |
| Briefing Type/Completeness | | | Ligh | t Condition | | | - | Visibility |
| ☐ Full | Abbreviate | :d | □ D: | awn 🔲 Du | | | k Night | 10 miles |
| ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer | ✓ Unknown ✓ Not Pertine | ent | D | ay 🔽 Ni | ght | | ght Night Reported | miles |
| Sky/Lowest Cloud Condition | | Ceiling | | | | | | (Check all that apply) |
| | Thin Broken | None (| | | cured | ☑ No | ne | ☐ Fog |
| Few Partial Obscuration | Thin Overcast Unknown | Broker | | | efinite nown | | owing Dust owing Sand | ☐ Ground Fog ☐ Haze |
| Scattered | | | | | | □Ble | owing Snow | Ice Fog |
| Lowest Cloud Condition Hei | ght | Ceiling I | Height | ţ | | ∐ Bio | owing Spray | Smoke Unknown |
| | _ft AGL | <u> </u> | | f | t AGL | L. 2- | ~ - | |
| Wind Direction | Wind Speed | | | Wind Gusts | - | Туре | of Turbulence (C | heck all that apply) |
| ✓ Indicated: | Velocity: | 3 _{KTS} | | Velocity: | KTS | ✓ No | ne In Cl | |
| 330 degrees MAG | -or- | | | · | | Cle | | nity of Thunderstorm |
| OOO degrees MAG | ' <u> </u> | | | Gusting | | Never | ity of Turbulence | , |
| | Calm | able | | Not Gusting | | | | anata ITT infet |
| ☐ Variable | ☐ Calm ☐ Light and Vari | able | | ✓ Not Gusting | | Ext | | erate 🔲 Light erate Chop |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR) | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR) | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable | Light and Vari | | PIR | | the time of | ☐ Ext | vere Mode | |
| ☐ Variable NOTAMs (D, L and FDC) | Light and Vari | IGMETs, | ast | | | Ext | vere | on (Check all that apply) |
| NOTAMs (D, L and FDC) Temperature:13 (C) | Light and Vari | IGMETs, | ast | | the time of | Extended Ext | vere | on (Check all that apply) Drizzle |
| Variable NOTAMs (D, L and FDC) Temperature: 13 (C) or (F) | Light and Vari | cing Forecting None | ast | EPs in effect at | Type □ Rime □ Clear | Ext See | vere | on (Check all that apply) Drizzle Ice Pellets Snow Pellets |
| NOTAMs (D, L and FDC) Temperature:13 (C) | Light and Vari | Cing Forecting None | ast | EPs in effect at | Type ☐ Rime | Ext See | ype of Precipitation None Rain Snow Hail | on (Check all that apply) Drizzlc Ice Pellets Snow Pellets Snow Grains |
| Temperature: 13 (C) or (F) Altimeter Setting: 3026 i | Light and Vari | cing Forect Amoun None Trace Light Light | ast it | EPs in effect at | Type Rime Clear Mixed | Ext | ype of Precipitation None Rain Snow Hail Rain Showers Freezing Rain | on (Check all that apply) Drizzlc Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellets Shower |
| Temperature:13 (C) or (F) Altimeter Setting:3026 i or ! Density Altitude: Dew Point:03 (C) | in. HG | cing Forect Amoun None Trace Light | ast | EPs in effect at | Type □ Rime □ Clear | Ext | ype of Precipitation None Rain Snow Hail Rain Showers Freezing Rain | on (Check all that apply) Drizzlc Ice Pellets Snow Grains Ice Crystals |
| Temperature: 13 (C) or (F) Altimeter Setting: 3026 i | I Light and Variation, AIRMETS, Signature of the second se | cing Forect Amoun None Trace Light Cing Actua | ast of the state o | EPs in effect at | Type Rime Clear Mixed | Extended the action of the act | ype of Precipitation None Rain Snow Hail Rain Showers Freezing Rain | on (Check all that apply) Orizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellcts Shower Freezing Drizzle |

| PILOT "A" INFORMA | TION | Ann Pagnoria | | | \$ M.5 | s Colorent (C) | | | d 4 10 10 10 10 10 10 10 10 10 10 10 10 10 | ione for |
|---|-----------------------------|-------------------|---------------------------------------|-------------------------|----------------------|------------------------------|---------------------|--------------------|--|---------------------|
| Pilot "A" Responsibilities at | the Time of Ac | cident/Incid | ent | | | | · | | | |
| ☑ Pilot ☐ Co-Pilot | Student Pilot | ☐ Flight L | nstructor | Check Pilot | ∐ Fligh | t Engineer | Other | Flight Crew | | |
| Pilot "A" Identification | | | | | | | | | | |
| First Name: Eric | | | | | | Beach Ga | | <u></u> | | |
| Middle Initial: W | | | | | te: Florid | | ZIP: <u>334</u> 2 | 0 | | |
| Last Name: Sampson | | | · · · · · · · · · · · · · · · · · · · | Cou | intry: <u>Un</u> | ited State | es | | | |
| Age at time of Accident/Incid | ent: 63 | Date of Bir | rth: <i>mm/dd/y</i> | | tificate N | lumber: | | | | |
| Degree of Injury | Seat Occupi | | _ | | Belt | | | Shoulder I | larness | |
| ✓ None ☐ Fatal ☐ Minor ☐ Unknown | Left Right | ☐ Front ☐ Rear | Unkno | i i | | | No | Used | ✓ Yes | ☐ No |
| Serious | Center | Single | | Avai | lable | ☑ Yes [| □ No | Availab l e | Yes | ☐ No |
| Pilot Certificate(s) (Check al. | l that apply) | | | | | | | | | |
| ☐ None ☐ Stud | | ☐ Recre | ational | Commerci | al | ✓ | Flight Engi | neer | Foreign | |
| Private Fligh | nt Instructor | ☐ Sport | | ✓ Airline Tr | ansport | | U.S. Milita | у | | |
| Principal Occupation N | Medical Certific | ate | | | | tificate Va | _ | Date of L | ast Medic | al |
| 1 (2) 1 1101 | | Class 3 | nse (Sport Pilot | | | itations/wai tions/waiver | | 10/08 | /2008 | |
| | | Unknown | изе (эрон гио | | vim mmiai Inknown | HORS/Walver | S | mm/da | Vyyyy | |
| <u> </u> | | | | | | | | | | |
| Medical Certificate Limitati Must wear corrective lenses, posses | - | intormodiato si | oian | | | | | | | |
| livids. Wear corrective tenses, posses | ss grasses for near | intermediate vi | SIU(t. | | | | | | | |
| | | | | | | | | | | |
| l | | | | | | | | | | |
| Medical Certificate Waivers | 3 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Date of Last Flight Review | | Flight | Review Air | craft | | | | | | |
| or Equivalent, Including FAR 121/135 Checks: | 11/21/2008 | Make: | Cessna | | | | | | | |
| PAR (21/133 CHecks. | mm/dd/yyyy | Model | . C402-C UI | iliner | | | | | | |
| Airplane Rating(s) | Other Aircraf | t Rating(s) | Instrum | ent Rating(s) | 1 | Instructo | r Rating(s) |) | | , <u>,</u> ,,, |
| (Check all that apply) | (Check all that a | | | ll that apply) | | (Check all | | • | | |
| None | None None | | ☐ None | | | None | | | Instrument | |
| ☑ Single-Engine Land ☐ Single-Engine Sea | ☐ Airship ☐ Free Balloon | | Airpla | | 1 | | e Single-Eng | | Instrument | Helicopter |
| Multiengine Land | Glider | | Power | | j | Gyropla | e Multi-Engi ene | | Helicopter Glider | |
| ☐ Multiengine Sea | ☐ Gyroplane | | | | | Powere | | | Sport | |
| <u>,</u> | Helicopter | | | | 1 | | | | | |
| Type Ratings | Powered Lift | | | | | Student I | Indorcomo | nts (Include | datas) | |
| CA-212 | | | | | - 1 | viudelii 1 | ui (7) SCIIIC | ized (171Clade) | mateoj | |
| EMB-110 | | | | | ļ | | | | | |
| | | | | | | | | | | |
| | | | | | ļ | | | | | |
| | | | | | | | | | | |
| Flight Time (enter appropriate | T | | Airplane | | | Inst | rument | | | |
| number of hours in each box) | All Aircraft | This Make & Model | Single Engine | Airplane Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Lighter Than Air |
| Total Time | 25,000 | 20,000 | <u> </u> | _ ~ | | | | | <u> </u> | |
| Pilot in Command (PIC) | 1 | | | | | | | | | |
| Time as Instructor | | | | | | | | | | - |
| This Make/Model | | | | | | <u> </u> | | | | |
| Last 90 Days | | 200 | | | | 1 11 | Τ | T | | |
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| Pites "B" Identification | = | the Time of Accide | nt/Inciden | t | | | | | | | |
| First Name Model Institute | <u> </u> | Student Pilot |] Flight Inst | ructor [| Check Pilot | Flig | tht Engineer | Other | Flight Crew | | |
| Date of Last Plight Review or Equivalent, Including FAR 12/135 Checks Date of Last Medical Certificate Waivers | Pilot "B" Identification | | | | | | | | | | |
| Date of Last Plight Review or Equivalent, Including FAR 12/135 Checks Date of Last Medical Certificate Waivers | First Name: Middle Initial: | | · | | G | city: tate: | | ZIP: | | | |
| Degree of Injury | Last Name: | | | | (| ountry: | | | | | |
| Serious Link Left Pront Contert Single White Pront Single Contert Single Single Contert Single S | Age at time of Accident/Incid | ent: Da | ate of Birth | | | Certificate | Number: | | | · | |
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| None Principal Occupation Principal Commercial Provered List Provered List Provered List Provered List Provered Commercial Provered Commercial Provered Commercial Provered Commercial Principal Principal Commercial Principal | ☐ Minor ☐ Unknown | Right | Rear | Unknown | | | ∏ Yes ∏ Yes | □ No □ No | | | |
| Private Flight Instructor Sport Arhine Transport U.S. Malitary | Pilot Certificate(s) (Check all | that apply) | · | <u>-</u> | | | | | | | |
| Class 2 Date of Last Flight Review of Equivalent, Including FAR 12/1/35 Checks: | | | | onal | | | | | | Foreign | |
| Class 2 | Principal Occupation N | Iedical Certificate | | | $\overline{}$ M | ledical Ce | rtificate Va | lidity | Date of L | ast Medica | I |
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| Medical Certificate Limitations | | | | e (Sport Pilot | | | | rs | mm/dd/ | vyvy | |
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| Helicopter Powered Lift Type Ratings Student Endorsements (Include dates) | | | | Power | ed Lift | ľ | | | 님 | Glider Sport | |
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| I I and 24 I I System | Last 30 Days | + | | | | | | - | | | <u> </u> |

| ADDITIONAL FLIGHT CRI | EW MEMBERS | : (Exclusive of cabin a | ittendants, complete the | following inform | ation) | |
|---|--|--|--|--|--|---|
| Pilot Name and Address | | | | | Degree of h | |
| First Name: | | City: | | - | ☐ None | ☐ Fatal |
| Middle Initial: | | State: | ZIP: | | ☐ Minor ☐ Serious | ☐ Unknown |
| Last Name: | | Country: | | | | |
| Pilot Certificate(s) (Check all tha | | | | , | Seat Occupi | |
| ☐ None ☐ Student ☐ Private ☐ Flight Instructor | ☐ Recreational ☐ Sport | Commercial Airline Transport | ☐ Flight Engineer ☐ U.S. Military | Forcign | ☐ Left ☐ Right | ☐ Front ☐ Rear |
| Type Rating/Endorsement for | ∐ Эролг | | ime at the Time | | Center | Single |
| Accident/Incident Aircraft? | Yes No | of this Accider | | hrs | | Unknown |
| Pilot Name and Address | | | Total and the second of the se | SERVES PROPERTY CONTRACTOR CONTRACTOR | Name of I | • |
| | | | | | Degree of In | njury □ Fatal |
| First Name:Middle Initial: | | City: State: | ZIP; | | Minor | ☐ Unknown |
| Middle Initial: Last Name: | | State: Country: | | | Serious | _ |
| Pilot Certificate(s) (Check all tha | et apply) | <u> </u> | | | Seat Occupi | ied |
| ☐ None ☐ Student | Recreational | Commercial | Flight Engineer | ☐ Foreign | Left | ☐ Front |
| ☐ Private ☐ Flight Instructor | Sport | Airline Transport | U.S. Military | | Right | Rear |
| Type Rating/Endorsement for Accident/Incident Aircraft? | ☐ Yes ☐ No | Total Flight Ti of this Acciden | ime at the Time nt/Incident: | hrs | Center | Single Unknown |
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| First Name: Middle Initial: | | City: State: | ZIP: | | Minor | Unknown |
| Last Name: | | Country: | | | ☐ Serious | |
| Pilot Certificate(s) (Check all tha | t apply) | | | | Seat Occupi | ied |
| □ None □ Student | Recreational | Commercial | Flight Engineer | Foreign | ☐ Left | Front |
| Private Flight Instructor | | Airline Transport | | | Right Center | ☐ Rear ☐ Single |
| Type Rating/Endorsement for Accident/Incident Aircraft? | ☐ Yes ☐ No | | ime at the Time nt/Incident: | hrs | LI Contro | ∐ Single ∐ Unknown |
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| PASSENGER(S) / OTHER Name and Address First Name: Brian Middle Initial: | | (Include flight attenda | ants; continue on separa | ste sheet if neces | Non- Revenue Revenue Non- Occupant FAA | |
| PASSENGER(S) / OTHER Name and Address First Name: Brian Middle Initial: Last Name: Simcock | | City: Liverpool State: England Country: United | ants, continue on separa I I ZIP, L25LN d Kingdom | ste sheet if neces | Non- Revenue Revenue Non- Occupant FAA | |
| PASSENGER(S) / OTHER Name and Address First Name: Brian Middle Initial: Last Name: Simcock First Name: Kenneth | | City: Liverpool State: England Country: United | ants; continue on separa | Seat of necessary Seat | Non- Revenue | |
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| wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. En route from EVW to RSW, lost power to both engines at 4000 feet approximately 4km north of Naples airport. Unable to restart the engines the pilot declared an emergency and requested vectors to APF. The pilot completed the two engine out emergency check list and landed at APF. There were no injuries to passengers or crew and no damage to the aircraft. **RECOMMENDATION** (Navaccase the accidental evident representative)** | Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and | d include |
| declared an emergency and requested vectors to APF. The pilot completed the two engine out emergency check list and landed at APF. There were no injuries to passengers or crew and no damage to the aircraft. | wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services of | btained. |
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| RECOMMENDATION (How called this accude wheelther back prevanted) | declared an emergency and requested vectors to APF. The pilot completed the two engine out emergency check list and landed at APF. There wer liniuries to bassenders or crew and no damage to the aircraft. | e no |
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