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

This form to be used for rep	orting civil and pl	IDIIC USB BITC	TAIL SCCIUDI	IIS dilu	HICIUGH	<b>W</b>				
BASIC INFORMATION						S. L. A. A. Maria				
Accident/Incident Location		Date/Time	17000	cal Time:						
Medical City/Flace.	State: CA.	Date: 25/10	Lo	cal Time:	,,,					
ZIP: Country: NS) Longitude: Latitude: 147 6 (idd:mmy NS) Longitude: L	16 175 (sidd;mm)s(EAV)	minutaryy	Ti	me Zone:						
Phase of Operation		Collision with O	ther Aircraft	Altitude o	f in-Flight					
Standing   Takeoff (incl. initial climb)   Cruls	e 🔲 Hover	☐ Mideir		Occurren	-	001				
☐ Taxi ☐ Climb	cuvering Other	On-ground		56	වැත	ب بي م				
☐ Descent ☐ Landing ☐ Appr	oach Unknown	<b>≱</b> Seione	10.000			ILMINI.				
Manufacturer: Bo EING	. His control of the latest and the	Max Gross V	elght-320 (	3 lbs	•					
Model: A75N'	·		ne of Accident/Ir		2000	liss				
Serial Number: 75-2772		- 1 -	enter of Gravity	-						
	Amateur-built: 🔲 Yes 🔼		_	rom 🔲 nose	_					
EFRINGERING MINISTER		-01-	Percent	Mezn Acrody	namic Cord	(% MAC)				
Category of Aircraft Type of Airworthiness	Certificate Number	of Seats:	Land	ing Gear	Retras	table				
Airplane (Check all that apply)  Balloon Standard Spec				k any additio		186				
Blimp/Dirigible	rial II Large At	rcraft, how many scats	1	guration that						
	imited Plight	Crew:	_   💾	Yicycle	V-14:	ailwheel				
	rovisional Cabin	Стеw:		imphibian Imergency Flo		igh Skid				
Powered lift	eperimental Passer	igers:		loat	□ s	ki				
Ultralight Drikmown	ight Sport			full Jaknown	<u>□</u> s	ki/Wheel				
Type of Maintenance Program	Lost Connection Type				2/18/	45				
Annual	Last Inspection Type	uous Airworthiness	Date Last Inspe	ection:	mad/ww	<del>97</del>				
Conditional (Amateur-built only)		tional Inspection		·····		<del></del>				
Manufacturer's Inspection Program	Annual Unkno	own .	Airframe Total	محند :Time	207)	hra				
Other Approved Inspection Program (AAIP) Continuous Airworthiness			hours measur	ed at <i>(check)</i>	one)					
Cither, specify:			E Last Inspe			sent/incident				
IFR Equipped	Stall Warning System It		Type of Fire Ex	ktingulshing	, System					
Yes No Unknown	Yes KNo Unkr	10WD	None Specify							
1 1										
ELT Installed ELT Activated	ELT Manufacturer: Model/Series:	POINTER								
Yas No Yas Mo	Model/Series:	300								
ELT Aided in Locating Accident/Incident	Serial Number:	MKNOWI	L			<b>4</b> at at				
☐ Yœ <b>五</b> No		KALINE	Batt	Battery Exp. Date: 4/2010						
Engine Type Reciprocati	ng Fuel Propeller		HAMIL	-MN	5+4	v 2007				
Reciprocating Turbo Jet System Typ Turbo Shaft Turbo Fan		Manufa	cturer:		- 1 /77	اره ا بابد <del>-</del>				
☐ Turbo Shaft ☐ Turbo Fan ☐ Carburetor ☐ Turbo Prop ☐ Unknown ☐ Fuel Inject		•	120	<i>3</i> 0						
			Engine Rated			1				
			Power Measured		Time	Time				
Engine	Monufacturer's	Date of Mfg.	Horsepower	Total or Time	Since Inspertion					
Engine Engine Manufacturer Model/Scrits	Serial Number		☐ lbs of Thrust	(ponta)	(hours)	(hours)				
Eng. 1 PRATT R983	143 42 1950	13 1942	450	_ <b> -\$</b>	4,5	4.5				
we WHINE			<del> </del>	<del> -</del>	<del> </del>	<del> </del>				
Sout I			<del> </del>	<del>-  </del> -	<del>                                     </del>					
						<del>*</del>				

		orations and	City: COTTO	GE GROVE					
Fractional Ownership Aircraft:			State: OK Country:	151					
Operator of Aircraft San	ne As Registere	d Owner	Operator Address	Same As Registered Owner					
Name: HARTLEY	I.FO	48 7790	City: CHINO						
Doing Business As: Air Carrier/Operator Designator (4 C	Character Cod	۵)٠	State:	ZIP: 9/7/6					
Regulation Flight Conducted Und		v).	Revenue Sightseein						
FAR 91	FAR 91 Special	Flight Public Use (select type)							
☐ FAR 103 ☐ FAR 133 ☐ 1 ☐ FAR 121 ☐ FAR 135 ☐ 1	Non-US, Comm	ercial   Federal   State   Local   commercial   Unknown	Air Medical Flight						
☐ FAR 125 ☐ FAR 137 ☐	Armed Forces	Manual Composit	<u></u>	(es XNo					
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)		Revenue Operation	Type of Commercia (Check all that apply)	il Operating Certificate Held					
ior FAR 91, 103, 133, 137 (Select one)	,	for FAR 121, 128, 129, 135 (Select one)	None Flag Carrier Operat						
☐ Business		☐ Non-Scheduled or Air Taxi	Flag Carrier Operat	ing Certificate (121)					
Executive/Corporate Other Work Use			Air Cargo						
☐ Instructional ☐ Ferry		Domestic or International	Foreign Air Carrier						
☐ Positioning		Domestic International	On-Demand Air Ta	ki (135)					
☐ Aerial Application ☐ Aerial Observation		Cargo Operation	Large Helicopter (!	· '					
Air Drop		☐ Passenger/Cargo	Rotorcraft External	, ,					
Air Race / Show Flight Test		Passenger How many?	Agricultural Aircraf	t (137)					
Public Use		Mail	Other Operator of L	arge Aircraft					
	LISION	ait or ground collision occurred, complete	this section for affice	inches de la companya					
	~			Damage to Other Aircraft					
<u> </u>	Iodel:		· · · · · · · · · · · · · · · · · · ·	Destroyed Minor					
M				Destroyed Minor Substantial None					
Registered Owner of Other Aircra	ıft	A		Substantial None					
Registered Owner of Other Aircra	ıft	A		Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial:	ıft	City:State:		Destroyed Minor Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name:	ıft	City:State:	ZIP:	Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Lust Name: Pilot of Other Aircraft First Name:	aft /	City: State: Country:	ZIP:	Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Lust Name: Pilot of Other Aircraft First Name: Middle Initial:	aft /	City: City: City: City: State:	ZIP:	Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name:	aft	City:   State:   City:   State:   Country:	ZIP:	Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC	TIONIFAIL	City: State: Country:  City: State: Country: State: Country:	ZIP:	Substantial None					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio	TION/FAIL	City:	ZIP:	Substantial None  Total Time/Cycles					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the pagt, manuface	TION/FAIL	City:	ZIP:	Total Time/Cycles On Part 4/5 5 M 0 H					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part  4.5 5 4 6 Hours					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part 4/5 5 M 0 H					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a H Hours Cycles Time Since This Part					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a H Hours Cycles					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a H Hours Cycles Time Since This Part					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact	TION/FAIL n/Failure?	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a M Hours Cycles Time Since This Part Inspected/Overhauled					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MACFUNC Was there Mechanical Malfunctio (If yes, list the name of the part, manufact LAPFILLER SE	TION/FAU n/Failure? turer, part no.	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a M Hours Cycles Time Since This Part Inspected/Overhauled 3.4 Hours					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction (If yes, list the name of the part, manufact TAPPLUER 5E	TION/FAU  A/Failure?  Sturer, part no.	City:   State:   Country:     City:   State:   Country:     State:   Country:     City:   State:   Country:     Country:   Country:     City:   State:   Country:     Country:   Country:   Country:     City:   State:   Country:   Country:     City:   State:   Country:   Country:     City:   State:   Country:   Country:   Country:     City:   State:   Country:   Country:	ZIP:	Total Time/Cycles On Part 4.5 5 M a M Hours Cycles Time Since This Part Inspected/Overhauled					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction (If yes, list the name of the par, manuface LAPPLUER 5E	TION/FAU  n/Failure?  surer, part no  Aircraft F	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a M Hours Cycles Time Since This Part Inspected/Overhauled 3.4 Hours					
Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction (If yes, list the name of the page, manufact TAPPICER 5E	AND OTH	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M O H Hours Cycles Time Since This Part Inspected/Overhauled 3.4 Hours					
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Registered Owner of Other Aircra First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNC Was there Mechanical Malfunction (If yes, list the name of the par, manuface LAPPLUER 5E	AND OTH	City:	ZIP:	Total Time/Cycles On Part 4.5 5 M a M Hours Cycles Time Since This Part Inspected/Overhauled 3.4 Hours					

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NO DAMACE  ALC FIRE INE	TO OTHER P	PROPERTY. FORWARD PARTO	of AIRFRAM
AIRPORT INFORMATION (ILI	moleantical day to surred on and		
Airport Identifier:	1.80	Distance From Airport Center:	SM
Airport Name: ROY W/L	49145	Direction From Airport:	A degrees MAG
Proximity to Airport Off Airport/Airstri	ip Mon Airport On Airstrip	Airport Elevation: 2464	ft. MSL
Approach Segment (Select ane)			
On Instrument Approach Lunding Crosswind Dewnw		Final Aborted Landing (after touched	Oo Around
IFR Approach (Check all that apphy)  None PAR ADF/NDB Sidestep SIF ILS VOR/TVOR Localizer Only VOR/DME LOC-back course TACAN RNAV	☐ MLS ☐ Practice ☐ LDA ☐ GPS ☐ ASR ☐ Loran ☐ Visual ☐ Unknown ☐ Contact ☐ Circling	Traffic Pattern Straight-In Valley/Terrain Pollowing Go Around	Stop and Go Touch and Go Simulated Forced Landing Forced Landing Procautionary Landing Unknown
Runway Information Runway ID: 1.20 (UR/C) Length: 32	ABOUT	Condition of Runway/Landing Surface  Dry Snow-Compacted Holes Snow-Crusted	(Check all that apply)  Water-Calm
Dirt 🗋 Ice 🔲 Snow	dam Wetter /Wood Unknown	Roles   Show-Crusted   Show-Crusted   Show-Crusted   Show-Dry   Show-Wet   Show-Wet   Soft   Soft   Slush Covered   Vegetation	☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown
FLIGHTITINERARYINEGRMA			
CITY:	Time: 1615 L  Time: 20ne: 7  City: 16  State: Country: Country: 16  Time Zone: 16  Country: 17  Country: 16	LSU Mone	
Type of ATC Clearance/Service (Check all None Special VFR VFR IFR	that apply)  Special IFR VFR On Top	☐ VFR Flight Following - ☐ Traffic Advisory	Cruise Unknows / NA
Airspace where the accident/incident occur  Class A Class B Class C Demo Area Class D Warning Area	irred (Check all that apply)    Prohlbited Area   Restricted Area   Military Operation   Airport Advisory A		Special Air Traffic Control Area Unknown
Aircraft Load Description (Check all that a Check all tha	Parachutists Water Chemical/Fertilize		
FUEL & SERVICES INFORMAT	American Contract of the Contr		
Fuel on Board at Last Takeoff (convert from pounds, as necessary)  35  Gallons	Fael Type    80/87		
Other Services, If Any, Prior to Departure			· · · · · · · · · · · · · · · · · · ·

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EVACUATION OF AIRCRAFT										
Was an emergency evacuation of the aircraft performed?   Yes You										
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location										
1 OCCUPANT(PILOT) OVER WING										
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WEATHER INFORMA	TIONATT	HE ACCI	DENI	MINCIDEN	SITE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1			
Weather Observation Facility Pacility 1D:	Noak			ce of Weather	Information	•			of Briefing that apply)	
Pacility ID:	riore	· 	·	ck <i>all that apply)</i> ational Weather S	Servica	☐ Compa	nv	(Cascat att		
Observation Time:			<b>D</b> Fl	ight Service Stati		Militery Militery	ř	☐ Teletyt	e	
Time Zone:				V/Radio utomated Report		☐ Internet		Telephi Aircraf	one/Computer	
Distance from Accident Site:		NM			er Service (DUA)		411	☐ TV/Ra	fio	
Direction from Accident Site:	d	grees MAG						Unkno		
Briefing Type/Completeness				t Condition		<b>~</b> • • • • •		Visibility	,	
Partial / Limited By Pilot	☐ Abbrev: ☐ Unknov		D D		Dusk Night	Dark Night Bright Night		10+	miles	
Partial / Limited By Pilot Partial / Limited By Briefer	Not Per		ĺ	· · · · · · · · · · · · · · · · · · ·		☐ Not Reported				
Sky/Lowest Cloud Condition		Ceiling				Restriction to	Visibilit	y (Check all	that apply)	
Clear   Few	Thin Broken Thin Overcast	☐ None ☐ Broke			)bscured ndefinita	None		☐ Fo	,	
Partial Obscuration	Unknown	Over			Jaknowa	Blowing Du			ound Fog	
☐ Scattered						☐ Blowing Sn	<b>DW</b>	Ice		
Lowest Cloud Condition Hel	ght CLEAK	Ceiling	Heigh	IA		☐ Blowing Sp	ray .		oke known	
NA	f AGL		_^	/ /	_ft AGL					
Wind Direction	Wind Speed			Wind Gusts		Type of Turk	plence (C	heck all that	apply)	
☐ Indicated:	Velocity:	KTS		Velocity:	KTS	None	☐ ln Ci		• • •	
degrees MAG	-01-					Clear Air		nity of Thurs	ieratorin	
Variable	Calm Light and V	ariohla		Gusting Not Gusting	,	Severity of T	urousenci Med		Light	
Yes Yes mine.	The state of the s	u ibuiu			•	Severe		erate Chop	Ti ritin	
NOTAMs (D, L and FDC)	AIRMETs.	SIGMETS	. PIR	EPs in effect	at the time of	the accident	incident			
UNKNOWN		~ ·	· -	-						
i.										
						•				
_	EST.	Icing Forec			_		recipitati	oo (Check a	ll that apply)	
Temperature: (C)		Amou		Moderate	Type □ Rime	None   Rain		Drizzle	_	
	- NG	None Trace		Severe	Clear	Snow		Snow Pe		
or1	n. HG MB	Light			Mixed			Snow Gr		
Density Altitude: # 40	100	Icing Actua				Rain Sh	g Rain	☐ Ice Cryst	as Shower	
		Amou		Moderate	Type □ Rime	Snow 9	hower	Freezing	Drizzie	
Dew Point:(C) or(F)		Trace	=	Moderate Severe	Clear	Intensity	of Precipi	itation	-	
<b>~</b>		Light '			☐ Mixed	☐ Light		loderate	Hony	

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PILOT "A" INFORMA	ION			Actor of the	500 T 30	(6) (1)	de de la companya de	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	itatiko mit	
Pilot "A" Responsibilities at	he Time of Accid	dent/Inciden	t		T witche Fr	[	Other Fli	olet Crow		1
Pilot Co-Pilot	Student Pilot	☐ Flight Inst	nuctor LIC	heck Pilot L	Flight Er	ilinieer (	COURT IN	Em Clein		
Pilot "A" Identification										
First Name: #ART	EX			_ City:		INO	<i>A</i> 1 -	<del></del>		[
Middle Initial:	4				CA	ZIP		77.0		1
Last Name:Fo1.57	<i>HP</i> 2		/_/	<u> </u>	iy:	<u> </u>	<u> </u>			
Age at time of Accident/Incide	nt: <b>7</b> 5	Date of Birth	ı:	Certli	ficate Nun	ober:				
Will of other or vectoring manage			mm/dd/yyyy							
Degree of Injury	Seat Occupied	d		Seat B	· ·		1 -	houlder Ha		
Mone   Fatal	☐ Left	☐ Front	Unknown	ľ	<b>-</b>	Yes □	-	-	~	□ No □ No
Minor Unknows Serious	Right Center	<b>⊠</b> Réar □ Single		Availat		Yes 🔲	NO A	veilable	x es	П.40
	<u> </u>					<del></del>				
Pilot Certificate(s) (Check all		F1 5	: T	Commercial		DeC):	light Engine	ar [	Foreign	
☐ None ☐ Stude	nt : Instructor	Recreati	(oust	Atrina Tran	sport		S. Millery			
						este Valle	lity	Date of Las	nt,Medica	ı
1 x consider occubance	ledical Certificat  None   C	pe Clasa 3				tions/waive	1	Z/22	100	
Jac-uot   =			e (Sport Pilot c	1 - 2	th limitation		· ·	2) 40	50	
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Medical Certificate Limitati NOT VALIT	yees • ••••• ∧ ·	1.24	es 1	se At	ETEL	M	194 2	U 20	04	
NOT VALIT	rok i	- July	94m Gr. (**)	١٠٠٠ ټولي	- /	, ,,	''/ "		47	
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Medical Certificate Waivers										
Medical Certificate waters	GLAU	10014	A.							
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The second second	<del> </del>	Plicht	Review Aires	eft		<del></del>				
Date of Last Flight Review or Equivalent, Including	00-10-10-			Ma					ı	
FAR 121/135 Checks:	05/06/69	<b>—</b> 1				57%	AR	MAN	)	
	mm/dd/yyyy	Model:		751						
Airplane Rating(s)	Other Aircraft			nt Rating(s)			Rating(s)			
(Check all that apply)	(Check all that ap	iphy)	1 '	that apply)	,	<i>Check all th</i> None	en obbíh)	157	Instrument	Airplana
None	☐ None ☐ Airship		None Airolar		1 6	i none Maimiana	Single-Engi	ne 🗇	instrument	Helicopter
Single-Engine Land Single-Engine Sea	Free Balloon		Helico	pter	11	Aimlana	Multi-Engin		Helicopter	
Multiengine Land	Glider Glider		Helico	d Lift	11	Gyropian Powered	39 31 ÷A		Glider Sport	
Multiengine Land Multiengine Sea	Gyropiano Helicopter				1,	rawered	i ariili		-pa-	
	☐ Powered Lift									
Type Ratings 13 72						Student E	ndorsemen	its (Include d	ates)	
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	<del>-   </del>		Airplans	A &		Iggt	tement		<u> </u>	Lighter
Flight Time (enter appropriate marks of hours in each hour)	e An	This Make	Single	Airplane Multiengine	Night	Iggte Actual	tament Sinaulated	Reterestit	Glider	Lighter Than Air
number of hours in each box)	e All Aircraft	& Model	Single Engine	Multiengine	Night			0	Ø	Than Air
number of hours in each box) Total Time	An Aircraft 25.000	& Model	Single Engine 2500	Multiengine		Actual 4000	Straulated / DZ D	0	8	Than Air
number of hours in each box)  Total Time  Pilot in Command (PIC)	An Aircraft  F 25 00 0	2040 2040	Single Engine 2500	Multiengine 23000	5000	Actual 4000	Straulated 1000 500	0	Ø	Than Air
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	An Aircraft 25.000	& Model	Single Engine 2500	Multiengine	5000 2500	Actual 4/000 2000	Straulated 1020 500	0	000	Than Air
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	An Aircraft  # 25,000 G  # 200 G	2000 2000 2000 300	Single Engine 2500 2500 200	Multiengine 23006 8000	5800 2500	Actual 4000 2000	Straulated 1000 500	000	0000	Than Air
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Lost 90 Days	An Aircraft  F 25 00 0	2000 2000 2000 300	Stagle Engine 2570 2500 200 200	Matriengiae  23000  3000  100	5800 2500 0	Actual 4/000 2000	Stratilated / Dat b 500)	0000	000 00	This Air
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	An Aircraft  # 25,000 G  # 200 G	2000 2000 2000 300	Single Engine 2500 2500 200	Multiengine 23006 8000	5800 2500 0	Actual 4/000 2000 00 00 00 00 00 00 00 00 00 00 0	Stratia ted / Dat D 5 by	000	0000	Thing Air

PILOT BY INFORMA	HON				U	( 15 40 Jun				و المعالمة		
Pilot "B" Responsibilities at the Time of Accident/Incident												
Pilot Co-Pilot	Student Pilot	☐ Flight Inst	trector L	Check Pilot	□ Fiq	tht Engineer	☐ Other	Flight Crew				
Pilot "B" Identification					/		<del></del>		<del></del>			
First Name:	· · · · · · · · · · · · · · · · · · ·				ity:							
Middle Initial: Last Name:			<b>1</b>	1 /50	tate:		ZIP:					
	Age at time of Accident/Incident: Date of Birth: Centificate Number:											
			mb/dd	אכניננו	, ,	Number.				<del></del>		
Degree of Injury	Seat Occupied		1	80	at Belt	<del>-</del> .	_	Shoulder				
Minor   Unknown   Serious	Right	L. Koer	Unigov	W Us	ed allable	∏ Yes □ Yes	□ No □ No	Used Available	Yes	∏ No		
	Center	Single	- 1	<i>[</i>	ghan in	1 Ca	∏ 140	Aveliage	☐ Yes	□ No		
Pilot Certificate(s) (Check al			7					<u> </u>				
☐ Noze ☐ Stud	ent	Recreati	ional /	Commer		Ε	Flight Engi	ineer	☐ Foreign	1		
	nt Instructor	☐ Sport		Airline			U.S. Milita	ary	سوده د ليا	1		
	Acdical Certifica					rtificate V		Date of	Last Medic	ai		
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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 time and point of departure, intended destination, and services obtained.

I PERANTED CHINO(END) AT ABOUT 145 LI ELIGHT TIME OF ONE HR TO 180, I OVER FLEW THE AIR PORT TO LOOK AT RUN WAY AND WIND CONDITION. (CAIM) I SELECTED RW 12 (DIRT) ABOUT 3200 H LONG R/W JU HAD POWER LINES AT THE APPROXY END, I TURNED DOWN WIND (LEFT), AS I ADDED POWER FIRE CAME OUT THE TOP ANDRIGHT SIDE COWLING, TOLD UNCON I HAD A FIRE. HE CALLED THE FIRE TRUCKS, I TURNED FOR THE R/W AND LANDED ABOUT 200 DIWN R/W. I TURNED FUEL AND GLESTRAL OFF, A/C CAME TO ATTO ABOUT MID FIELS RIGHT SIDE, NO BRAKE USED

RECOMMENDATION (Now could this additional limited in the peen prevented?)

Operator/Owner Safety Recommendation

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