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

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: Dalton State: TN
ZIP: _____ Country: _____
Latitude: _____ (ddmmss N/S) Longitude: _____ (dddmmss E/W)

Date/Time
Date: 3/15/10 (mm/dd/yyyy) Local Time: 1:00 PM
Time Zone: _____

Phase of Operation
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☒ Other
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft
☐ Midair
☐ On-ground
☒ None

Altitude of In-Flight Occurrence
1700 ft MSL

AIRCRAFT INFORMATION

Manufacturer: Rolladen-Schneider
Model: LS 4-A
Serial Number: 4339
Registration Number: 465CR Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 13,27 lbs
Weight at Time of Accident/Incident: 700 lbs
Location of Center of Gravity at Time of Accident/Incident:
8.86" inches from ☒ nose or ☐ datum
-or- 15.75" Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft
☐ Airplane
☐ Balloon
☐ Blimp/Dirigible
☒ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☐ Normal	☐ Restricted
☐ Utility	☐ Limited
☐ Acrobatic	☐ Provisional
☐ Transport	☒ Experimental
	☐ Special Flight
	☐ Light Sport

Number of Seats: 1
If Large Aircraft, how many seats for:
Flight Crew: NONE
Cabin Crew: _____
Passengers: _____

Landing Gear ☒ Retractable
Check any additional landing gear configuration that applies:
☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Unknown

Type of Maintenance Program
☒ Annual
☐ Conditional (Amateur-built only)
☐ Manufacturer's Inspection Program
☐ Other Approved Inspection Program (AAIP)
☐ Continuous Airworthiness
☐ Other, specify: _____

Last Inspection Type
☐ 100 Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 8/1/09 (mm/dd/yyyy)

Airframe Total Time: 925 hrs
hours measured at *(check one)*
☒ Last Inspection ☐ Time of Accident/Incident

IFR Equipped
☐ Yes ☒ No ☐ Unknown

Stall Warning System Installed
☐ Yes ☒ No ☐ Unknown

Type of Fire Extinguishing System
☒ None
☐ Specify _____

ELT Installed ☐ Yes ☒ No
ELT Activated ☐ Yes ☒ No
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No

ELT Manufacturer: None
Model/Series: _____
Serial Number: _____
Battery Type: _____ Battery Exp. Date: _____

Engine Type
☐ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☒ Unknown
NONE

Reciprocating Fuel System Type
☐ Carbureted
☐ Fuel Injected
NONE

Propeller NONE
☐ Fixed Pitch
☐ Controllable Pitch
Manufacturer: _____
Model: _____

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☐ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Erin Hey
Fractional Ownership Aircraft: ☐ Yes ☐ No

Owner Address
City: Sylacauga
State: AL ZIP: 35151
Country: US

Operator of Aircraft ☑ Same As Registered Owner
Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

Operator Address ☑ Same As Registered Owner
City: Alabaster
State: AL ZIP: 35007
Country:

Regulation Flight Conducted Under
☑ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ *Federal* ☐ *State* ☐ *Local*
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

Revenue Sightseeing Flight
☐ Yes ☒ No

Air Medical Flight
☐ Yes ☒ No

Purpose of Flight
for FAR 91, 103, 133, 137 *(Select one)*
☑ Personal
☐ Business
☐ Executive/Corporate
☐ Other Work Use
☐ Instructional
☐ Ferry
☐ Positioning
☐ Aerial Application
☐ Aerial Observation
☐ Air Drop
☐ Air Race / Show
☐ Flight Test
☐ Public Use
☐ Unknown

Revenue Operation
for FAR 121, 125, 129, 135 *(Select one)*
☐ Scheduled or Commuter
☐ Non-Scheduled or Air Taxi

Domestic or International
☐ Domestic ☐ International

Cargo Operation
☑ Passenger/Cargo
☐ Passenger _____ How many?
☐ Cargo _____ lbs
☐ Mail

Type of Commercial Operating Certificate Held
(Check all that apply)
☐ None
☐ Flag Carrier Operating Certificate (121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (129)
☐ Commuter Air Carrier (135)
☐ On-Demand Air Taxi (135)
☐ Large Helicopter (127)
☐ Rotorcraft External Load (133)
– or –
☐ Agricultural Aircraft (137)
☐ Other Operator of Large Aircraft

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

Aircraft Registration Number

Manufacturer:
Model:

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☐ Substantial ☐ None

Registered Owner of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

Pilot of Other Aircraft
First Name:
Middle Initial:
Last Name:
City:
State: ZIP:
Country:

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

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

Total Time/Cycles On Part
_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
☐ None ☐ Substantial
☐ Minor ☑ Destroyed

Aircraft Fire
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

Aircraft Explosion
☐ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Unknown Origin
☐ On-Ground

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

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: APT
Airport Name: Marion County/Brown Fld
Distance From Airport Center: _____ SM
Direction From Airport: 231 degrees MAG
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip
Airport Elevation: 641 ft MSL

Approach Segment *(Select one)*

☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)

IFR Approach *(Check all that apply)*

☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ BC/back course ☐ Contact
☐ PACAN ☐ RNAV ☐ Circling

VFR Approach *(Check all that apply)*

☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ Unknown

Runway Information

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

Runway/Landing Surface *(Check all that apply)*

☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow

Condition of Runway/Landing Surface *(Check all that apply)*

☐ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft ☐ Unknown
☐ Slush Covered ☐ Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: APT
City: Jasper
State: TN
Country: U.S.

Time of Departure

Time: 12:55 Am
Time Zone: _____

Destination

Airport ID: APT
City: Jasper
State: TN
Country: U.S.

Type Flight Plan Filed

☐ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☑ VFR
Activated: ☐ Yes ☑ No

Type of ATC Clearance/Service *(Check all that apply)*

☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☑ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*

☐ Class A ☑ Class G ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class E ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

Aircraft Load Description *(Check all that apply)*

☑ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff *(convert from pounds, as necessary)*

N/A Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP5 ☑ Other, specify NONE
☐ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☐ Yes ☑ No

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ NM
Direction from Accident Site: _____ degrees MAG

Source of Weather Information *(Check all that apply)*
☑ National Weather Service
☑ Flight Service Station
☐ TV/Radio
☑ Automated Report
☐ Commercial Weather Service (DUATS)
☐ Company
☐ Military
☑ Internet
☐ Unknown

Method of Briefing *(Check all that apply)*
☐ In Person
☐ Teletype
☑ Telephone/Computer
☐ Aircraft Radio
☐ TV/Radio
☐ Unknown

Briefing Type/Completeness
☑ Full
☐ Partial / Limited By Pilot
☐ Partial / Limited By Briefer
☐ Abbreviated
☐ Unknown
☐ Not Pertinent

Light Condition
☐ Dawn
☑ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Not Reported

Visibility
10 miles

Sky/Lowest Cloud Condition
☐ Clear
☐ Few
☐ Partial Obscuration
☐ Scattered
☑ Thin Broken
☐ Thin Overcast
☐ Unknown

Ceiling
☐ None (clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Restriction to Visibility *(Check all that apply)*
☑ None
☐ Blowing Dust
☐ Blowing Sand
☐ Blowing Snow
☐ Blowing Spray
☐ Dust
☐ Fog
☐ Ground Fog
☐ Haze
☐ Ice Fog
☐ Smoke
☐ Unknown

Lowest Cloud Condition Height
3,000 ft AGL

Ceiling Height
3,000 ft AGL

Wind Direction
☑ Indicated: _____ degrees MAG
☐ Variable

Wind Speed
Velocity: 10 KTS
-or-
☐ Calm
☑ Light and Variable

Wind Gusts
Velocity: 15 KTS
☐ Gusting
☑ Not Gusting

Type of Turbulence *(Check all that apply)*
☐ None
☑ Clear Air
☐ In Clouds
☐ Vicinity of Thunderstorm

Severity of Turbulence
☐ Extreme
☐ Severe
☐ Moderate
☐ Moderate Chop
☑ Light

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: 50 (C) or 50 (F)

Altimeter Setting: AGL in. HG or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C) or _____ (F)

Icing Forecast
Amount
☑ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Icing Actual
Amount
☑ None
☐ Trace
☐ Light
☐ Moderate
☐ Severe
Type
☐ Rime
☐ Clear
☐ Mixed

Type of Precipitation *(Check all that apply)*
☑ None
☐ Rain
☐ Snow
☐ Hail
☐ Rain Showers
☐ Freezing Rain
☐ Snow Shower
☐ Drizzle
☐ Ice Pellets
☐ Snow Pellets
☐ Snow Grains
☐ Ice Crystals
☐ Ice Pellets Shower
☐ Freezing Drizzle

Intensity of Precipitation
☐ Light ☐ Moderate ☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
☑ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "A" Identification
First Name: ERIC
Middle Initial:
Last Name: HEY
City: ALabaster
State: AL ZIP: 35007
Country: U.S
Age at time of Accident/Incident: 23 Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury	Seat Occupied	Seat Belt	Shoulder Harness
☒ None ☐ Fatal	☐ Left ☐ Front ☐ Unknown	Used ☑ Yes ☐ No	Used ☑ Yes ☐ No
☐ Minor ☐ Unknown	☐ Right ☐ Rear	Available ☑ Yes ☐ No	Available ☑ Yes ☐ No
☐ Serious	☐ Center ☒ Single		

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☑ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☑ Pilot	☐ None ☑ Class 3	☑ Without limitations/waivers	4/29/2008
☐ Other	☐ Class 1 ☐ Driver's License (Sport Pilot only)	☐ With limitations/waivers	mm/dd/yyyy
☐ Unknown	☐ Class 2 ☐ Unknown	☐ Unknown	

Medical Certificate Limitations NONE

Medical Certificate Waivers NONE

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 9/27/2008 mm/dd/yyyy
Flight Review Aircraft Make: PIPER Model: CUB

Airplane Rating(s) *(Check all that apply)*	Other Aircraft Rating(s) *(Check all that apply)*	Instrument Rating(s) *(Check all that apply)*	Instructor Rating(s) *(Check all that apply)*
☐ None	☐ None	☒ None	☒ None
☒ Single-Engine Land	☐ Airship	☐ Airplane	☐ Airplane Single-Engine
☐ Single-Engine Sea	☐ Free Balloon	☐ Helicopter	☐ Airplane Multi-Engine
☐ Multiengine Land	☒ Glider	☐ Powered Lift	☐ Gyroplane
☐ Multiengine Sea	☐ Gyroplane		☐ Powered Lift
	☐ Helicopter		☐ Instrument Airplane
	☐ Powered Lift		☐ Instrument Helicopter
			☐ Helicopter
			☐ Glider
			☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	575.9	89	315	.8	28.4			0	222.7	0
Pilot in Command (PIC)	428	89	215	0	20.4			0	200.7	0
Time as Instructor	0	0	0	0	0			0	0	0
This Make/Model					0					
Last 90 Days	4	2	2	0	0			0	1.0	0
Last 30 Days	0	0	0	0	0			0	0	0
Last 24 Hours	0	0	0	0	0				0	

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____ City: _____
Middle Initial: _____ State: _____ ZIP: _____
Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ (mm/dd/yyyy) Certificate Number: _____

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt
Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness
Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation
☐ Pilot
☐ Other
☐ Unknown

Medical Certificate
☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity
☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical
_____ (mm/dd/yyyy)

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ (mm/dd/yyyy)

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

Pilot Name and Address

First Name: ______ City: ______
Middle Initial: ______ State: ______ ZIP: ______
Last Name: ______ Country: ______

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ______ hrs

Degree of Injury
☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied
☐ Left ☐ Front
☐ Right ☐ Rear
☐ Center ☐ Single
☐ Unknown

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address		Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
First Name: ______ Middle Initial: ______ Last Name: ______	City: ______ State: ______ ZIP: ______ Country: ______	______	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

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

Operator/Owner Safety Recommendation

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	Signature and Name of Pilot/Operator
4/10 *mm/dd/yyyy*	Signature: [redacted]
	Type or Print Name: ERIC HOY

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA10CA176	DORAL, FL	LONNIE	04/28/2010