

# 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: Petaluma State: CA  
 ZIP: \_\_\_\_\_ Country: USA  
 Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 05/21/2010 Local Time: 5:30 PM  
 mm/dd/yyyy Time Zone: PACIFIC

### 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

ft MSL

## AIRCRAFT INFORMATION

Manufacturer: CESSNA  
 Model: P210N  
 Serial Number: 21000129  
 Registration Number: N210SL Amateur-built: ☐ Yes ☐ No

Max Gross Weight: 4000 lbs  
 Weight at Time of Accident/Incident: 3000 lbs  
 Location of Center of Gravity at Time of Accident/Incident:  
 Inches from ☐ nose or ☐ datum  
 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**  
☒ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport  
**Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

### Number of Seats: 5

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

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: 01/31/2010  
 mm/dd/yyyy

Airframe Total Time: 3385 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 Manufacturer:

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_

Battery Exp. Date: \_\_\_\_\_

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☐ Carburetor  
☒ Fuel Injected

### Propeller

☐ Fixed Pitch  
☒ Controllable Pitch

Manufacturer: MCCAULEY

Model: \_\_\_\_\_

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	CONTINENTAL	J13134	T510-F20-PC		310 (285)	3303	60	209
Eng. 2								
Eng. 3								
Eng. 4								

<b>OWNER/OPERATOR INFORMATION</b>			
<b>Registered Aircraft Owner</b> Name: <u>PINE LAKE LEASING GROUP, LLC</u>		<b>Owner Address</b> City: <u>GREENBRAE</u> State: <u>CA</u> ZIP: <u>94904</u> Country: _____	
Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner	
Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International	
<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft		<b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)			
<b>Aircraft Registration Number</b> _____		<b>Manufacturer:</b> _____ <b>Model:</b> _____	
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)			
<b>Was there Mechanical Malfunction/Failure?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>NOSK GEAR COLLAPSE &amp; SUBSEQUENT</u> <u>PROP STRIKE</u>		<b>Total Time/Cycles On Part</b> <u>338</u> Hours <u>?</u> Cycles	
		<b>Time Since This Part Inspected/Overhauled</b> <u>50</u> Hours	
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>			
<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed		<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
		<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

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

NOSE GEAR COLLAPSED, GEAR DOORS, SKINS ON BELLY & PROPELLER WERE DAMAGED.

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

Airport Identifier: 069 Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: PETALUMA MUNICIPAL Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip Airport Elevation: \_\_\_\_\_ 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/NDP ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TWOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ 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: 29 (L/R/C) Length: 3601 ft Width: 75 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  
☐ Iloles ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>KMOD</u> City: <u>MODESTO</u> State: <u>CA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>5:00 PM</u> Time Zone: <u>PACIFIC</u>	<b>Destination</b> Airport ID: <u>069</u> City: <u>PETALUMA</u> State: <u>CA</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 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 E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ 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 &amp; SERVICES INFORMATION

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

89 Gallons

## Fuel Type

☐ 80/87 ☐ 115/145 ☐ JP3  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

☐ Other, specify \_\_\_\_\_

## Other Services, If Any, Prior to Departure



# **PILOT 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: STEPHEN City: GREENBRAE  
 Middle Initial: H State: CA ZIP: 94904  
 Last Name: ISAACS Country: USA

Age at time of Accident/Incident: 70 Date of Birth: mm/dd/yyyy 1940 Certificate Number: mm/dd/yyyy

**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:**
06/10/2009  
mm/dd/yyyy
**Flight Review Aircraft**

Make: CESNA  
 Model: P210N

**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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	700	200	700	1	9	47	75	1	1	1
Pilot in Command (PIC)	503	150	503	1	9			1	1	1
Time as Instructor	0	0	0		0	0	0			
This Make/Model					5	20	20			
Last 90 Days	40	40	40		2	5	0	1	1	1
Last 30 Days	15	15	15		0	0	0	1	1	1
Last 24 Hours	2	2	2		0	0	0	1	1	1

<b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)			
<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____ City: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____ State: _____ ZIP: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____ Country: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front	
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single	
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown	
<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____ City: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____ State: _____ ZIP: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____ Country: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front	
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single	
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown	
<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____ City: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal	
Middle Initial: _____ State: _____ ZIP: _____		<input type="checkbox"/> Minor <input type="checkbox"/> Unknown	
Last Name: _____ Country: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign		<input type="checkbox"/> Left <input type="checkbox"/> Front	
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Right <input type="checkbox"/> Rear	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Center <input type="checkbox"/> Single	
<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs		<input type="checkbox"/> Unknown	
<b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)			
Name and Address	Seat	Crew	Other
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____ State: _____ ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____ Country: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

06/30/2010

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name:

STEPHEN H. ISAACS

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.

WPR10CA296

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Rich

Date Report Received

7/1/2010