

**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**

<b>Accident/Incident Location</b> Nearest City/Place: <u>St. Petersburg</u> State: <u>FL</u> ZIP: <u>33701</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>07/15/2010</u> Local Time: <u>9:00 am</u> mm/dd/yyyy Time Zone: <u>Eastern</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ 10 ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: <u>Piper</u> Model: <u>PA32R</u> Serial Number: <u>32R-7780428</u> Registration Number: <u>N38448</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Max Gross Weight: <u>3,600</u> lbs Weight at Time of Accident/Incident: <u>3,597</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>91.29</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (%MAC)
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<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>6</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>01/04/2010</u> mm/dd/yyyy <b>Airframe Total Time:</b> <u>2,235</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>Hand fire extinguisher</u>
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> <u>Narco</u> <b>Model/Series:</b> <u>10</u> <b>Serial Number:</b> _____ <b>Battery Type:</b> <u>BP1010</u> <b>Battery Exp. Date:</b> <u>2/11</u>
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<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-C2YK-1BF</u>
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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	Lycoming	IO540-K1GSD	L-16835-48A	09/17/1977	300	2,235	8	355
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b> Name: <u>Erickson Aviation LLC</u>  Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Wilmington</u> State: <u>DE</u> ZIP: <u>19801</u> Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>John Erickson</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>Gulfport</u> State: <u>FL</u> ZIP: <u>33707</u> Country: <u>USA</u>	
<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>Air Medical 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>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
<b>Type of Commercial Operating Certificate Held</b> (Select 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			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number: <u>N/A</u> Manufacturer: _____ Model: _____		<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
<b>Registered Owner of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
<b>Pilot of Other Aircraft</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			<b>Total Time/Cycles On Part</b>  _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b>  _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
<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)

Only damage was to aircraft as follows: Landing gear damaged, wing tip damage, bottom of cowlings damaged and propeller strike.

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

**Airport Identifier:** N/A **Distance From Airport Center:** \_\_\_\_\_ **SM**  
**Airport Name:** \_\_\_\_\_ **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/NDB ☐ Sidestep ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ 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:** \_\_\_\_\_ **(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:** KSPG  
**City:** St. Petersburg  
**State:** FL  
**Country:** USA

**Time of Departure**

**Time:** 9:30am  
**Time Zone:** eastern

**Destination**

**Airport ID:** MYEM  
**City:** Governors Harbor  
**State:** \_\_\_\_\_  
**Country:** Bahamas

**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 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 & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

\_\_\_\_\_ **92** **Gallons**

**Fuel Type**

☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☐ Automotive ☐ JP5

**Other Services, if Any, Prior to Departure**

EVACUATION OF AIRCRAFT			
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location 2 exited front door and 3 exited rear door.			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Weather Observation Facility</b> Facility ID: <u>KSPG</u> Observation Time: <u>9:15am</u> Time Zone: <u>eastern</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: _____ degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> National Weather Service  <input checked="" type="checkbox"/> Flight Service Station  <input type="checkbox"/> TV/Radio  <input checked="" type="checkbox"/> Automated Report  <input type="checkbox"/> Commercial Weather Service (DUATS)             </div> <div> <input type="checkbox"/> Company  <input type="checkbox"/> Military  <input type="checkbox"/> Internet  <input type="checkbox"/> Unknown             </div> </div>	
<b>Briefing Type/Completeness</b> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dawn                      <input type="checkbox"/> Dusk  <input checked="" type="checkbox"/> Day                          <input type="checkbox"/> Night             </div> <div> <input type="checkbox"/> Dark Night  <input type="checkbox"/> Bright Night  <input type="checkbox"/> Not Reported             </div> </div>	
<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown		<b>Visibility</b> <u>10</u> miles	
<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Clear  <input type="checkbox"/> Few  <input type="checkbox"/> Partial Obscuration  <input type="checkbox"/> Scattered             </div> <div> <input type="checkbox"/> Thin Broken  <input type="checkbox"/> Thin Overcast  <input type="checkbox"/> Unknown             </div> </div>		<b>Ceiling</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None (clear)  <input type="checkbox"/> Broken  <input type="checkbox"/> Overcast             </div> <div> <input type="checkbox"/> Obscured  <input type="checkbox"/> Indefinite  <input type="checkbox"/> Unknown             </div> </div>	
<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Blowing Dust  <input type="checkbox"/> Blowing Sand  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Blowing Spray  <input type="checkbox"/> Dust             </div> <div> <input type="checkbox"/> Fog  <input type="checkbox"/> Ground Fog  <input type="checkbox"/> Haze  <input type="checkbox"/> Ice Fog  <input type="checkbox"/> Smoke  <input type="checkbox"/> Unknown             </div> </div>		<b>Lowest Cloud Condition Height</b> _____ ft AGL	
<b>Ceiling Height</b> _____ ft AGL		<b>Wind Direction</b> <input checked="" type="checkbox"/> Indicated: <u>170</u> degrees MAG  <input type="checkbox"/> Variable	
<b>Wind Speed</b> Velocity: <u>5</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable		<b>Wind Gusts</b> Velocity: _____ KTS  <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	
<b>Type of Turbulence</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Clear Air             </div> <div> <input type="checkbox"/> In Clouds  <input type="checkbox"/> Vicinity of Thunderstorm             </div> </div> <b>Severity of Turbulence</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Extreme  <input type="checkbox"/> Severe             </div> <div> <input type="checkbox"/> Moderate  <input type="checkbox"/> Moderate Chop             </div> <div> <input type="checkbox"/> Light             </div> </div>			
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b> None			
<b>Temperature:</b> _____ (C) or _____ (F)  <b>Altimeter Setting:</b> _____ in. HG or _____ MB  <b>Density Altitude:</b> <u>1,500</u> ft  <b>Dew Point:</b> _____ (C) or _____ (F)		<b>Icing Forecast</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None    <input type="checkbox"/> Moderate  <input type="checkbox"/> Trace    <input type="checkbox"/> Severe  <input type="checkbox"/> Light             </div> <div> <b>Type</b>  <input type="checkbox"/> Rime  <input type="checkbox"/> Clear  <input type="checkbox"/> Mixed             </div> </div> <hr/> <b>Icing Actual</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Amount</b>  <input checked="" type="checkbox"/> None    <input type="checkbox"/> Moderate  <input type="checkbox"/> Trace    <input type="checkbox"/> Severe  <input type="checkbox"/> Light             </div> <div> <b>Type</b>  <input type="checkbox"/> Rime  <input type="checkbox"/> Clear  <input type="checkbox"/> Mixed             </div> </div>	
<b>Type of Precipitation</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers  <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower             </div> <div> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Ice Crystals  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Freezing Drizzle             </div> </div>		<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

PILOT "A" INFORMATION																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b> <div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>John</u>            Middle Initial: <u>R.</u>            Last Name: <u>Erickson</u> </div> <div>           City: <u>Gulfport</u>            State: <u>FL</u>    ZIP: <u>33707</u>            Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>54</u>    Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span>    Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s)</b> (Check all that apply) <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 checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <u>10/07/2008</u> <small>mm/dd/yyyy</small>																																																																																													
<b>Medical Certificate Limitations</b>																																																																																																				
<b>Medical Certificate Waivers</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>05/30/2009</u> <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: <u>Piper</u> Model: <u>PA32R</u>																																																																																																
<b>Airplane Rating(s)</b> <small>(Check all that apply)</small> <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <small>(Check all that apply)</small> <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport           </div>																																																																																														
<b>Type Ratings</b> High Performance, complex						<b>Student Endorsements</b> (Include dates)																																																																																														
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PILOT "B" INFORMATION																																																																																																				
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
<b>Pilot "B" Identification</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
<b>Pilot Certificate(s) (Check all that apply)</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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		<b>Date of Last Medical</b> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																													
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ADDITIONAL FLIGHT CREW MEMBERS (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) (Check all that apply)</b>						<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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
<input type="checkbox"/> Foreign																	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
<b>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) (Check all that apply)</b>						<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									
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<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) (Check all that apply)</b>						<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"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport		<input type="checkbox"/> U.S. Military									
<input type="checkbox"/> Foreign																	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs											
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
<b>Name and Address</b>						FR	FR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Noreen																	
Middle Initial: D																	
Last Name: Erickson																	
City: Gulfport																	
State: FL																	
ZIP: 33707																	
Country: USA																	
<b>Name and Address</b>						Mid	Mid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Kirsten																	
Middle Initial: A																	
Last Name: Erickson																	
City: Gulfport																	
State: FL																	
ZIP: 33707																	
Country: USA																	
<b>Name and Address</b>								<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Kelli																	
Middle Initial: L																	
Last Name: Erickson																	
City: Gulfport																	
State: FL																	
ZIP: 33707																	
Country: USA																	
<b>Name and Address</b>								<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: Christina																	
Middle Initial:																	
Last Name: Pelosi																	
City: St. Petersburg																	
State: FL																	
ZIP:																	
Country:																	
<b>Name and Address</b>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name:																	
Middle Initial:																	
Last Name:																	
City:																	
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ZIP:																	
Country:																	
<b>Name and Address</b>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name:																	
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ZIP:																	
Country:																	
<b>Name and Address</b>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.

The following is what I recall.

I did my run up at 2000 RPM as specified, prop seemed to function correctly, controls were free and correct, all seemed normal. I set my trim for take off and added 1 notch of flaps. I was cleared for takeoff on runway 07, got on the runway did my final check and started my takeoff roll, all engine instruments were indicating normal. I rotated at 65 - 70 knots and the plane lifted off. I had a slight crosswind from the south and as I was correcting for that the plane started to slow down (lose power), I had only gotten about 5 or 6 feet off the ground. I did not correct to aggressively, I was concerned that I may hit the runway with my right wing. I leveled the wings to try to maintain speed but it continued to bleed off and I drifted towards the grass. The plane was coming down, I made the decision to abort and pulled the throttle back to idle. I did not want to hit the runway lights so I went a little further to the left to miss them and the plane touched down in the grass. I immediately started braking and steering to avoid all the obstacles. I managed to avoid everything but the dry pond at the end and could not stop in time, that's what did the damage. The plane came to a full stop I immediately shut down everything and told everyone to get out as quickly as possible. I checked everyone for injuries, the only one was my wife had bumped her head but she is fine, thank God. I truly believe that if not for the pond I would have probably just come to a stop and taxied back to my hanger and called my mechanic.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

Have not made a determination yet.



**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**

<b>Date of this Report</b> 07/30/2010 <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature:  Type or Print Name: John R. Erickson
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**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA10CA368	<b>Reviewed by NTSB Regional Office</b> MIAMI	<b>Name of Investigator</b> OBREGON	<b>Date Report Received</b> 7/30/2010
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