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			D	ate/Time					
Nearest City/Place: Plant City		State: FL	D	oate: 04/01/	2012	Loc	al Time: 8	:00A.M.	
ZIP: 33565 Country: United States	Si			mm/dd/yy	ינני		ne Zone: Ea		
Latitude: 28:08:28 N (dd:mm:ss N/S) Longitude	082:08:81 W	(ddd:mm:ss E/W)				110	ne Zone:		
Phase of Operation				Collision with C	Other Air	eraft	Altitude	of In-Flight	
		☐ Hover ☐ Other] Midair] On-ground			Occurren	ice	
	Approach	Unknown		None None				150	ft MSL
AIRCRAFT INFORMATION									
Manufacturer: Powrachute	9			Max Gross V	Veight:		1.150 lbs		
Model: Airwolf 912			Weight at Ti					910 lbs	
Serial Number: A 134 ULS	*		Location of (
Registration Number: N 415 BA	uilt: ☐ Yes 🗹 N	lo			and the same		or 🔲 datu		
				-or-				ynamic Cord	(% MAC)
Category of Aircraft	ess Certificate	Number of	Se	ats:	2	Landii	ng Gear	☐ Retra	ctable
	Special	If Large Airc	raft	, how many seats	s for:		any additio uration that	nal landing g	ear
☐ Blimp/Dirigible ☐ Normal ☐	Restricted					✓ Tri		100.0	ailwheel
Gyrocraft Utility L	Limited Provisional			:		-	1873	5 <u></u>	
D Powered lift Transport	Experimental	1000		:			nphibian nergency Flo		ligh Skid kid
Ultralight	Special Flight Light Sport	Passenge	ers.			☐ Flo			
Unknown	Light Sport						n known	□ 5	ki/Wheel
Type of Maintenance Program	Last Insp	ection Type			Date La	st Inspec	tion:	03/21/2012	2
Annual	☑ 100 Hot			Airworthiness			m	m/dd/yyyy	
☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program	☐ AAIP ☑ Annual	☐ Conditio☐ Unknow		Inspection	4	TC / 10	5.	-	20.
Other Approved Inspection Program (AAIP)	G/Z TIIIICICI		11				ime: lat <i>(check</i>	019)	20 hrs
☐ Continuous Airworthiness ☐ Other, specify:								ime of Accid	lent/Incident
IFR Equipped	Stall War	ning System Inst	talled Type of Fire Extinguishing System						
☐ Yes 📮 No 🔲 Unknown	☐ Yes 🖫	☑ No ☐ Unknov							
			Specify						
ELT Installed ELT Activated									
☐ Yes ☑ No ☐ Yes ☑ No		ufacturer: NA							
ELT Aided in Locating Accident/Incident	Model/Sei	200000					-		
Yes No	ASSINGUES AND	mber: <u>NA</u>							
	Battery T					Batte	ry Exp. Da	ate: NA	
Engine Type Reciprocating Turbo Jet Reciprocating System 7		Propeller							
🗌 Turbo Shaft 🔲 Turbo Fan 💆 Carbur		Fixed Pitch			turer: Ser	nsnich			
Turbo Prop Unknown Fuel In	jected	Controllable F	Pitcl	h Model: _					
					Engine Ra				
				Date	as (check		Total	Time Since	Time Since
Engine Engine Manufactures Madel/Serie		Manufacturer's		of Mfg.		power or	Time	Inspection	Overhaul
Engine Engine Manufacturer Model/Scrie Eng. 1 ROTAX 912 ULS Series		Serial Number 75821	_	mm/dd/yyyy	☐ lbs of	Thrust 100	(hours)	(hours)	(hours)
Eng. 2									
Eng. 3									
Eng. 4									

OWNER/OPERATOR INF	ORMATIO	N				
Registered Aircraft Owner		Owner Address				
Name: Powrachute LLC			City: Caledonia			
Fractional Ownership Aircraft:	Yes 🔽 No		State: MI ZI Country: United States	P: <u>49316</u>		
Operator of Aircraft Sa	me As Registere	ed Owner	Operator Address	Same As Registered Owner		
Name: Craig Ewing) ————————————————————————————————————	City: Hastings	· · · · · · · · · · · · · · · · · · ·		
Doing Business As: Air Carrier/Operator Designator (4	Character Cod	(a)·	State: MI ZIP: 49058 Country: United States			
Regulation Flight Conducted Un			Revenue Sightseeing Fli			
The first section records to the section of the sec		Flight Public Use (select type)	Yes No			
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces			Air Medical Flight	☑ No		
Purpose of Flight for FAR 91, 103, 133, 137 (Select on	e)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Op (Check all that apply)	perating Certificate Held		
Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application		☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International		9) 35)		
Aerial Observation Air Drop		Cargo Operation	☐ Rotorcraft External Load	(133)		
☐ Air Race / Show		Passenger/Cargo Passenger How many?	- or - Agricultural Aircraft (13)	7)		
☐ Flight Test☐ Public Use		Cargolbs	Other Operator of Large	0.00		
Unknown		□ Maii	Cities Operator of Large	Aircraft		
OTHER AIRCRAFT - CO	LLISION (I	f air or ground collision occurred, complete t	this section for other aircra	aft)		
Aircraft Registration Number	Anufacturer:	NA NA		mage to Other Aircraft		
NA I	Model: NA		H	Destroyed		
Registered Owner of Other Aircr	aft					
First Name: NA		City: NA				
Middle Initial: NA		State: NA	ZIP: NA			
Last Name: NA		Country: NA				
Pilot of Other Aircraft						
First Name: <u>NA</u> Middle Initial: NA		City: NA State: NA	ZIP: NA			
Last Name: NA		Country: NA	ZII_\	=		
MECHANICAL MALFUNC	TION/FAIL	URE (If more space is needed, continue of	on separate sheet)			
Was there Mechanical Malfunction	Market Company			Total Time/Cycles		
(If yes, list the name of the part, manufa				On Part		
				Hours		
				Cycles		
				Time Since This Part Inspected/Overhauled		
				Hours		
				A1594 (2000) (1894)		
DAMAGE TO AIRCRAFT	AND OTH	ER PROPERTY	新加州			
Aircraft Damage	Aircraft F		Aircraft Explosion			
☐ None ☐ Substantial						
✓ Minor ☐ Destroyed	✓ None ☐ In-Fligh	☐ Both Ground and In-Flight ☐ Unknown Origin		oth Ground and In-Flight nknown Origin		

Description of Damage to Aircraft and O	ther Property (use add	itional sheet if	necessary)			
Engine mount bolts broken, Prop Guard Dent	ed and Broken, Engine S	Support Moun	ıt Bent,			
AIRPORT INFORMATION (If the	accident/incident occi	urred on app	roach, takeoff o	r within 3 miles	of an airpor	t, complete this section)
Airport Identifier: 9FD2				m Airport Cen		
Airport Name: Blackwater Creek Airpar	k			om Airport:		
Proximity to Airport Off Airport/Airstr	art and a second and a second as a second	On Airstrip	Airport Eleva			80 ft. MSL
Approach Segment (Select one)						
On Instrument Approach	_			inal		Go Around
Crosswind Downy	vind ☐ Low	v Approach		Aborted Landing (vn)
IFR Approach (Check all that apply) ✓ None □ PAR	□ MLS □	Practice	VFR Approac	h (Check all the		top and Go
☐ ADF/NDB ☐ Sidestep	□ LDA □	GPS	Traffic Patter	n	□ T	ouch and Go
☐ SDF ☐ ILS ☐ Localizer Only] Loran] Unknown	Straight-In Valley/Terrai	in Following		imulated Forced Landing orced Landing
☐ VOR/DME ☐ LOC-back course	☐ Contact	J Challetti	Go Around	II Following	☐ Pi	recautionary Landing
TACAN RNAV	Circling		☐ Full Stop			nknown
Runway Information	0.000 0 111111		Condition of F		ng Surface -Compacted	(Check all that apply) Water-Calm
	2,300 ft Width:	tt	Holes	☐ Snow	-Crusted	☐ Water-Choppy
Runway/Landing Surface (Check all that a	200		☐ Ice Covered☐ Rough	☐ Snow		☐ Water-Glassy ☐ Wet
☐ Concrete ☐ Gravel ☐ Metal	l/Wood 🔲 Unknown	1	Rubber Depo	sits Soft		☐ Wet
☐ Dirt ☐ Ice ☐ Snow			☐ Slush Covere	d 🗹 Veget	ation	
FLIGHT ITINERARY INFORMAT						
Last Departure Point	Time of Departure	Destination				t Plan Filed
Airport ID: 9FD2 City: Plant City	Time: 0700	Airport ID: 9		_	✓ None ☐ Company	□ VFR/IFR VFR □ IFR
State: FL	Time Zone: Eastern	City: Plant	City	-	☐ Military \	VFR Unknown
Country: United States	Time Zone,	State: FL	ited States		☐ VFR Activated?	☐ Yes ☑ No
Type of ATC Clearance/Service (Check al.	I that apply)	Country, Orn	ileu Siaies		Attirated	103 110
✓ None ☐ Special VFR	☐ Specia	al IFR	□ V!	FR Flight Followi	ing	Cruise
☐ VFR ☐ IFR	□ VFR (affic Advisory		Unknown / NA
Airspace where the accident/incident occu		N. 750		Y-1		
☐ Class A ☐ Class E ☐ Class B ☐ Class G		nibited Area tricted Area		☐ Jet Training ☐ TRSA	Area	☐ Special ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area	☐ Milit	tary Operations		FAR 93		Unknown
Class D Warning Area Aircraft Load Description (Check all that a		ort Advisory A	rea .			
Mone ☐ Towing Glider		chutists		Livestock		
Passengers Towing Banner	r 🔲 Wate	er		Unknown		
Cargo Other External	I I Char	mical/Fertilizer.	/Seeds			
FUEL & SERVICES INFORMAT	ION					
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	TION Fuel Type	□ 115/145	□ IP3	□ Oth	ar anaoify	
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type	☐ 115/145 ☐ Jet A	☐ JP3 ☐ JP4	Othe	er, specify	
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 7 Gallons	Fuel Type 80/87 100 Low Lead 100/130		☐ JP4	Othe	er, specify	_
Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type 80/87 100 Low Lead 100/130	☐ Jet A	☐ JP4	Othe	er, specify	
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 7 Gallons	Fuel Type 80/87 100 Low Lead 100/130	☐ Jet A	☐ JP4	☐ Othe	er, specify	
Fuel on Board at Last Takeoff (convert from pounds, as necessary) 7 Gallons	Fuel Type 80/87 100 Low Lead 100/130	☐ Jet A	☐ JP4	□ Othe	er, specify	

EVACUATION OF AIR	RCRAFT							
Was an emergency evacuation	The second second second	Marie and the second	000000		No			
Method of Exit - Describe ho	ow the occupants e	xited and l	how m	any occupants e	vacuated each	loca	ation	
							9	
WEATHER INFORMA	TION AT THE	= ACCII)EN	T/INCIDENT	SITE	N. II		
Weather Observation Facilit				ce of Weather I		DE N		Method of Briefing
Facility ID: 9FD2			(Chec	k all that apply)				(Check all that apply)
Observation Time: 0700		=: -::	V N: □ FI	ational Weather Se ight Service Station	rvice		☐ Company ☐ Military	☐ In Person ☐ Teletype
Time Zone: Eastern		_	✓ T	V/Radio			✓ Internet	✓ Telephone/Computer
Distance from Accident Site:		JМ	☐ C	utomated Report ommercial Weather	Service (DUA)	TS)	Unknown	☐ Aircraft Radio ☐ TV/Radio
Direction from Accident Site:		ees MAG					-	Unknown
Briefing Type/Completeness		S 4 8		t Condition	2	_		Visibility
☐ Full ☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Abbreviate ☐ Unknown ☑ Not Pertine		D Da				Dark Night Bright Night Not Reported	4 miles
Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered	Thin Broken Thin Overcast Unknown	Ceiling None (Broker	n		scured efinite known		estriction to Visibility None Blowing Dust Blowing Sand Blowing Snow	Check all that apply) ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog
Lowest Cloud Condition Hei	ght	Ceiling I	Height				Blowing Spray	☐ Smoke
	_ft AGL				ft AGL		Dust	Unknown
Wind Direction	Wind Speed			Wind Gusts		Ту	ype of Turbulence (Cl	neck all that apply)
☐ Indicated: degrees MAG	Velocity:	KTS		Velocity:	KTS		None In Clo	
uegiees iviAU	-or- □ Calm			Gusting			verity of Turbulence	ity of Thunderstorm
✓ Variable	☑ Light and Varia	ıble		✓ Not Gusting			Extreme Mode	
NOTAMs (D, L and FDC) None	, AIRMETs, SI	GMETs,	PIRI	EPs in effect at	the time of	the	accident/incident	
					8			a.
Temperature:(C)	Ic	ing Foreca Amoun			Type		4 20°	n (Check all that apply)
ori Altimeter Setting:i ori	n. HG	None Trace Light	100000	Moderate evere	Rime Clear Mixed		☐ Rain [☐ Snow [☐ Hail [☐	Drizzle Ice Pellets Snow Pellets Snow Grains
Density Altitude:	V	ing Actual				\neg	☐ Freezing Rain	☐ Ice Crystals ☐ Ice Pellets Shower
Dew Point:(C) or(F)		Amoun None Trace Light	\square N	Moderate evere	Type ☐ Rime ☐ Clear ☐ Mixed		Intensity of Precipit	Freezing Drizzle
10 to		228				- 1	☐ Light ☐ Mo	derate Heavy

PILOT "A" INFORMA		1011-20010					Secretary in the second			
Pilot "A" Responsibilities at ☑ Pilot ☐ Co-Pilot		nt/Inciden I Flight Inst] Check Pilot	t □ Fligh	nt Engineer	□ Other	Flight Crew		97
Pilot "A" Identification	1970 DOTTO TO TO THE MORE A COOK	Textion to the second	Harrison Inc.	1)	, шо	it Digitit		Tight Civil		
First Name: Craig Middle Initial: A Last Name: Ewing	-			S	City: Hastin State: MI Country: Un	7	ZIP: 4905	8	3 3	
Age at time of Accident/Incid	ent: <u>43</u> Da	nte of Birth	h:	1969 (Certificate N					
Degree of Injury ☐ None ☐ Fatal ☑ Minor ☐ Unknown ☐ Serious	Right	Front Rear Single	Unknov	wn Us		_	□ No □ No	Shoulder F Used Available	Harness Yes Yes Yes	□ No
Pilot Certificate(s) (Check all	that apply)	Ж						X		
	t Instructor	☐ Recreati ☑ Sport	ional	Comme] Flight Engir] U.S. Militar	ry	Foreign	
☐ Pilot ☐ ☐ Other	Medical Certificate	er's License	se (Sport Pilot	t only)	Iedical Cer Without lim With limitat Unknown	nitations/wai	ivers	Date of L No mm/dd		I
Medical Certificate Limitati				j	8			•		
Medical Certificate Waivers	, >					Þ				a
Date of Last Flight Review		Flight P	Review Airc	raft						
or Equivalent, Including FAR 121/135 Checks:	01/11/2012	Make: E	Buckeye							
Trik isirioo onconsi	mm/dd/yyyy	Model: [DM							
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Free Balloon Glider	ing(s)		ent Rating(l that apply)	(s)		r Rating(s)			
(A)	Gyroplane Helicopter Powered Lift		Helico	ne opter		None Airplane Airplane Gyropla Powerec	e Single-Engi e Multi-Engii une d Lift	ine	Instrument A Instrument H Helicopter Glider Sport	Airplane Helicopter
Type Ratings Sport Pilot CFI	☐ Gyroplane ☐ Helicopter		☐ Helico	ne opter		None Airplane Airplane Gyropla Powerec	e Single-Eng e Multi-Engir une d Lift	ine 🔲	Instrument I Helicopter Glider Sport	Airplane Helicopter
Type Ratings Sport Pilot CFI Flight Time (enter appropriate number of hours in each box)	Gyroplane Helicopter Powered Lift All Aircraft A M	Make dodel	Airplane Single Engine	ne opter ed Lift Airplane Multiengine	e Night	None Airplane Gyropla Powered Student E NONE Instr Actual	e Single-Engi e Multi-Engi une d Lift Endorsemer	ine	Instrument H Helicopter Glider Sport	Airplane Helicopter Lighter Than Air
Type Ratings Sport Pilot CFI Flight Time (enter appropriate number of hours in each box) Total Time	Gyroplane Helicopter Powered Lift All Aircraft & M 314	Jodel 314	Airplane Single Engine	ne opter ed Lift Airplane Multiengine	e Night	None Airplane Gyropla Powered Student E NONE Instr Actual	e Single-Engi e Multi-Engi une d Lift Endorsemer	ine	Instrument H Helicopter Glider Sport dates)	Lighter Than Air
Type Ratings Sport Pilot CFI Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	All This Aircraft & M 314 299	314 299	Airplane Single Engine 0	ne opter ed Lift Airplane Multiengine	e Night 0 0 0	None Airplane Gyropla Powered Student E NONE Instr Actual 0 0 0	e Single-Eng e Multi-Engin ne d Lift Cndorsemer Simulated 0	nts (Include d	Instrument Helicopter Glider Sport Gliders Sport Glider O	Lighter Than Air 0
Type Ratings Sport Pilot CFI Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Gyroplane Helicopter Powered Lift All Aircraft & M 314	Jodel 314	Airplane Single Engine	ne opter ed Lift Airplane Multiengine	e Night 0 0 0 0 0 0	None Airplane Gyropla Powered Student E NONE Instr Actual 0 0 0 0	e Single-Engine Multi-Engine d Lift Condorsement Simulated 0 0	Rotorcraft 0 0 0	Instrument H Helicopter Glider Sport dates)	Lighter Than Air
Type Ratings Sport Pilot CFI Flight Time (enter appropriate mumber of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	All This & M 314 299	314 299 2	Airplane Single Engine 0 0	ne opter ed Lift Airplane Multiengine	e Night 0 0 0 0 0 0 0 0 0	None Airplane Gyropla Powered Student E NONE Instr Actual 0 0 0 0 0 0	e Single-Engine Multi-Engine d Lift Condorsement Simulated 0 0 0	nts (Include d	Glider Glider O O O	Lighter Than Air 0 0
Type Ratings Sport Pilot CFI Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	All This Aircraft & M 314 299	314 299	Airplane Single Engine 0	ne opter ed Lift Airplane Multiengine	e Night 0 0 0 0 0 0	None Airplane Gyropla Powered Student E NONE Instr Actual 0 0 0 0 0 0 0 0 0	e Single-Engine Multi-Engine d Lift Condorsement Simulated 0 0	Rotorcraft 0 0 0	Instrument Helicopter Glider Sport Gliders Sport Glider O	Lighter Than Air 0

PILOT "B" INFORMA	ATION									
Pilot "B" Responsibilities a										
☐ Pilot ☐ Co-Pilot	Student Pilot	Flight Instr	ructor	Check Pilot	☐ Fli	ght Engineer	Other	Flight Crew		
Pilot "B" Identification										
First Name: NA				Ci	ty:					
Middle Initial:				St	ate:	2	ZIP:			
Last Name:				Co	ountry: _					
Age at time of Accident/Incid	lent: Da	ate of Birth:	: mm/dd/y		ertificate	Number:				
Degree of Injury	Seat Occupied			Sea	at Belt			Shoulder 1	Harness	
☐ None ☐ Fatal ☐ Minor ☐ Unknown		Front [Rear	Unknowr	000	434 S	Yes	No	Used	Yes	□ No
Serious		Kear Single		Ava	ailable	☐ Yes [□ No	Available	☐ Yes	☐ No
Pilot Certificate(s) (Check al										
☐ None ☐ Stud	lent	Recreation	onal	☐ Commerc			Flight Engi	neer	☐ Foreign	
		☐ Sport		Airline T	ransport		U.S. Militar	У	-	
The second secon	Medical Certificate					ertificate Va		Date of I	ast Medica	ıl
☐ Pilot ☐ Other	☐ None ☐ Clas ☐ Class 1 ☐ Driv	s 3 er's License	(Sport Pilot			imitations/wai tations/waiver				
Unknown	Class 2 Unk		(Sport Filot		With filmi Unknown		S	mm/dd	לאיטי	
Medical Certificate Limitat	ions					-		-00000000000000000000000000000000000000		
NA	ions									
ING										
Medical Certificate Waivers	i				_					
NA	a.									
D 4 CT 4 FU 14 D				1997						
Date of Last Flight Review or Equivalent, Including			eview Airc							
FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft Rat	ing(s)		ent Rating(s)	Instructor				
(Check all that apply) ☐ None	(Check all that apply) ☐ None			l that apply)		(Check all th		-		
☐ Single-Engine Land	Airship		☐ None ☐ Airplar	ne	- 1	☐ None ☐ Airplane			Instrument A	Carrie Courses
☐ Single-Engine Sea	☐ Free Balloon		Helico	pter		☐ Airplane	Multi-Engine		Helicopter	
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Powere	ed Lift		☐ Gyroplan	ie	П		elicopter
	Helicopter		4			1 1 D t			Glider	
		1				☐ Powered				
m	Powered Lift					· ·	Lift		Glider Sport	
Type Ratings						· ·	Lift		Glider Sport	
Type Ratings						· ·	Lift		Glider Sport	
Type Ratings						· ·	Lift		Glider Sport	
Type Ratings						· ·	Lift		Glider Sport	
Type Ratings						· ·	Lift		Glider Sport	
	Powered Lift		Airplane			Student Er	Lift idorsement		Glider Sport	
Flight Time (enter appropriate	Powered Lift All This	Make	Single	Airplane Multiensine	Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter
	Powered Lift All This	Make		Airplane Multiengine	Night	Student Er	Lift idorsement		Glider Sport	elicopter
Flight Time (enter appropriate number of hours in each box)	Powered Lift All This	Make	Single		Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter
Flight Time (enter appropriate number of hours in each box) Total Time	Powered Lift All This	Make	Single		Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter
Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Powered Lift All This	Make	Single		Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter
Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Powered Lift All This	Make	Single		Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter
Flight Time (enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Powered Lift All This	Make	Single		Night	Student Er	Lift	ts (Include da	Glider Sport	elicopter

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cabin a	ittendants, complete the	following info	rmati	on)	
Pilot Name and Address						Degree of I	njury □ Fatal
First Name: Middle Initial:		State:	ZIP:			☐ Minor	☐ Fatal☐ Unknown
Last Name:		Country:				Serious	12
Pilot Certificate(s) (Check all that ☐ None ☐ Student	t apply) Recreational	☐ Commercial	Ticht Engineer	□ Foreign		Seat Occup	ied Front
Private Flight Instructor	☐ Recreational ☐ Sport	Airline Transport	U.S. Military	☐ Foreign		Right	Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight T	ime at the Time nt/Incident:	hrs		☐ Center	☐ Single ☐ Unknown
Pilot Name and Address	L 140	V- V	Il/Incident.	Ino		Degree of I	-inv
		City:				☐ None	☐ Fatal
First Name: Middle Initial: Last Name:		State:	ZIP:			☐ Minor ☐ Serious	Unknown
Pilot Certificate(s) (Check all that						Seat Occup	ied
☐ None ☐ Student ☐ Private ☐ Flight Instructor	Recreational	☐ Commercial ☐ Airline Transport		Foreign		Left Right	☐ Front ☐ Rear
Type Rating/Endorsement for		Total Flight T	ime at the Time			Center	☐ Single
Accident/Incident Aircraft?	Yes No	of this Accider	nt/Incident:	hrs			Unknown
Pilot Name and Address		-9-5				Degree of In	Note that the same of the same
First Name: Middle Initial:		City: State:	_ ZIP:			Minor	☐ Fatal ☐ Unknown
Last Name:		Country:	_ Zir			☐ Serious	
Pilot Certificate(s) (Check all that						Seat Occupi	
Private Flight Instructor	☐ Recreational ☐ Sport			Foreign		Right	Front Rear
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Yes ☐ No	Total Flight T	ime at the Time	hrs		☐ Center	Single Unknown
					- 1		
PASSENGER(S) / OTHER	PERSONNEL		****	te sheet if nec			
PASSENGER(S) / OTHER	PERSONNEL		****				us y y y y ujury
PASSENGER(S) / OTHER Name and Address	PERSONNEL	(Include flight attenda	ants; continue on separa	Seat of nec		Revenue (K. Non-Occupant	Fatal Serious Injury Minor Injury No Injury Unknown
Name and Address First Name: Mark	PERSONNEL	(Include flight attenda	ants; continue on separa	Seat	Crew Non-	Revenue Non- Occupant FAA	
Name and Address	PERSONNEL	(Include flight attenda	each		Crew Non-	Revenue Non- Occupant FAA	Fatal Serious Injury No Injury Unknown
Name and Address First Name: Mark Middle Initial: M Last Name: Harris First Name:		City: Apollo Be State: FL Country: United	each ZIP: 33572 d States	Seat	Crew	Revenue Revenue Non- Occupant	
Name and Address First Name: Mark Middle Initial: M Last Name: Harris First Name: Middle Initial: Middle Ini		City: Apollo Be State: FL Country: United	each ZIP:	Seat	Crew	Revenue Revenue Non- Occupant	
Name and Address First Name: Mark Middle Initial: M Last Name: Harris First Name: Middle Initial: Last Name: Last Name:		City: Apollo Be State: FL Country: United City: State: Country: Country: Country:	each ZIP: ZIP:	Seat	Crew	Revenue Revenue Non- Occupant	
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Describe what occurred in ch	ronological order, including of	circumstances leading to and na	ture of accident/incident.	Describe terrain and include
wreckage distribution sketch if	pertinent. Attach extra sheets	if needed. State time and point of	of departure, intended destin	ation, and services obtained.
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RECOMMENDATION (Ho	w could this accident/inciden	t have been prevented?)		
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HEREBY CERTIFY THAT T	HE ABOVE INFORMAT	TION IS COMPI	LETE AND ACCURA	TE TO THE BEST	OF MY KNOWLEDGE
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Signature and Name of Person Signature:					
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