

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 Name of City/Town: <u>BIRMINGHAM</u> State: <u>AL</u> ZIP: _____ Country: _____ Latitude: _____ (dd-mm-ss N/S) Longitude: _____ (ddd-mm-ss E/W)		Date/Time Date: <u>10/06/2012</u> Local Time: <u>12:12:50</u> <small>mm/dd/yyyy</small> Time Zone: <u>CST</u>	
Flight Description <input type="checkbox"/> Taxiing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Climb <input type="checkbox"/> Check <input type="checkbox"/> Manoeuvring <input type="checkbox"/> Other <input checked="" type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None	Altitude of In-Flight Occurrence <u>2000</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>Cessna</u> Model: <u>3102 RTS</u> Configuration: <u>1879</u> Registration Number: <u>N80KW</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from _____ <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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Category of Aircraft <input checked="" type="checkbox"/> Single-engine <input type="checkbox"/> Multi-engine <input type="checkbox"/> Wing/Draghite <input type="checkbox"/> Glider <input type="checkbox"/> Balloon <input type="checkbox"/> Airship <input type="checkbox"/> Other: _____	Type of Airworthiness Certificate (Check all that apply) Standard: <input checked="" type="checkbox"/> Normal, <input type="checkbox"/> Utility, <input type="checkbox"/> Aerobatic, <input type="checkbox"/> Transport Special: <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	Number of Seats: <u>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear <input 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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Type of Maintenance Program <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: _____	Last Inspection Type <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	Date Last Inspection: _____ <small>mm/dd/yyyy</small> Airframe Total Time: <u>2010.9</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident
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ELT Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify: _____
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ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____

Fuel System <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injection <input type="checkbox"/> Fuel Injector <input type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as (check one) <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>CONT MOTOR</u>	<u>10-530-M</u>						
Eng. 2								
Eng. 3								
Eng. 4								

Registered Aircraft Owner Name: <u>TWO FLYERS LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner Address City: <u>KEY WEST</u> State: <u>FL</u> ZIP: <u>33090</u> Country: <u>USA</u>	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Two Flyers LLC</u> Address: _____ Aircraft Operator Designator (4 Character Code): _____		Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: <u>TAMPA</u> State: <u>FL</u> ZIP: <u>33606</u> Country: <u>USA</u>	
Registration Flight Controlled Under <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		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Registration Flight For FAR 91, 103, 125, 137 (Select one) <input checked="" type="checkbox"/> General <input type="checkbox"/> Commuter <input type="checkbox"/> Air Taxi <input type="checkbox"/> Air Cargo <input type="checkbox"/> Air Mail <input type="checkbox"/> Ferry <input type="checkbox"/> Training <input type="checkbox"/> Flight Instruction <input type="checkbox"/> Flight Observation <input type="checkbox"/> Other		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Type of Commercial Operating Certificate Held (Check all that apply) <input 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			
AIRCRAFT COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None			
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
FUNCTIONAL FAILURE (If more space is needed, continue on separate sheet)			
Did the aircraft experience a functional failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If "Yes", describe the failure, part no., model 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 <input type="checkbox"/> None <input checked="" type="checkbox"/> Structural <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> In-Flight <input type="checkbox"/> On-Ground <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> Unknown Origin	
		Aircraft Explosion <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> In-Flight <input type="checkbox"/> On-Ground <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> Unknown Origin	

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

CIRCUIT CHUTE WAS DEPLOYED. ALL PARTS OF EXTERIOR & ENGINE WAS DAMAGED.

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

Altitude: 1500 Distance From Airport Center: 3 SM
 Airport Name: Birmingham Direction From Airport: 0 degrees MAG
 Elevation: 700 ft. MSL
 On Airport/Airstrip On Airport On Airstrip

Approach Type (Check all that apply)
 Instrument Approach Landing Base leg Final Go Around
 Circling Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)
 RNAV RNP MEL Practice
 GPS LDA GPS GPS
 LORAN ASR LORAN
 Unknown
 VORTAC LOC Only Visual Unknown
 VORTAC 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
 Starting at: 0/100 Length: 8000 ft Width: 150 ft

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

Weather/Landing Obstacles (Check all that apply)
 Rain Snow/Fog Mist/Fog Water
 Clouds Gusts Metal/Wood Unknown
 Ice Ice Snow

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport: <u>MEMO</u> City: <u>Memphis City</u> State: <u>MS</u>	Time of Departure Time: <u>9:45 AM</u> Time Zone: <u>CST</u>	Destination Airport ID: <u>KBMH</u> City: <u>Birmingham</u> State: <u>AL</u> Country: <u>USA</u>	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Flight Rules (Check all that apply)
 VFR Instrument VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Altitude Where 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

Altitude Level Description (Check all that apply)
 None Towering Glider Parachutists Livestock
 Obstacle Towering Balloon Water Unknown
 Obstacle Other Aircraft Chemical/Fertilizer/Seeds

FUEL INFORMATION

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

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

OPENED BOTH DOORS & WALKED OUT.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<p>Weather Observations</p> <p>Report No. _____</p> <p>Observer Name _____</p> <p>Station No. _____</p> <p>Time of Day _____</p> <p>Time of Observation _____ NM</p> <p>Station Name _____ degrees MAG</p>	<p>Source of Weather Information (Check all that apply)</p> <p><input checked="" type="checkbox"/> National Weather Service</p> <p><input checked="" type="checkbox"/> Flight Service Station - DUATS</p> <p><input type="checkbox"/> TV/Radio</p> <p><input type="checkbox"/> Automated Report</p> <p><input type="checkbox"/> Consumer Weather Service (DUATS)</p> <p><input type="checkbox"/> Company</p> <p><input type="checkbox"/> Military</p> <p><input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> Unknown</p>	<p>Method of Reporting (Check all that apply)</p> <p><input type="checkbox"/> In Person</p> <p><input type="checkbox"/> Teletype</p> <p><input type="checkbox"/> Telephone/Computer</p> <p><input checked="" type="checkbox"/> Aircraft Radio</p> <p><input type="checkbox"/> TV/Radio</p> <p><input type="checkbox"/> Unknown</p>
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<p>Reporting Type/Completion</p> <p><input checked="" type="checkbox"/> Full</p> <p><input type="checkbox"/> Summary prepared by Pilot</p> <p><input type="checkbox"/> Report Limited by Observer</p> <p><input type="checkbox"/> Abbreviated</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not Pertinent</p>	<p>Light Condition</p> <p><input checked="" type="checkbox"/> Dawn</p> <p><input type="checkbox"/> Day</p> <p><input type="checkbox"/> Dusk</p> <p><input type="checkbox"/> Night</p> <p><input type="checkbox"/> Dark Night</p> <p><input type="checkbox"/> Bright Night</p> <p><input type="checkbox"/> Not Reported</p>	<p>Visibility</p> <p>_____ miles</p>
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<p>Surface Cloud Conditions</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Partly</p> <p><input type="checkbox"/> Broken</p> <p><input type="checkbox"/> Overcast</p> <p><input type="checkbox"/> Thin Broken</p> <p><input checked="" type="checkbox"/> Thin Overcast</p> <p><input type="checkbox"/> Unknown</p>	<p>Ceiling</p> <p><input type="checkbox"/> None (clear)</p> <p><input type="checkbox"/> Broken</p> <p><input checked="" type="checkbox"/> Overcast</p> <p><input type="checkbox"/> Obscured</p> <p><input type="checkbox"/> Indefinite</p> <p><input type="checkbox"/> Unknown</p>	<p>Restriction to Visibility (Check all that apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Blowing Dust</p> <p><input type="checkbox"/> Blowing Sand</p> <p><input type="checkbox"/> Blowing Snow</p> <p><input type="checkbox"/> Blowing Spray</p> <p><input type="checkbox"/> Dust</p> <p><input checked="" type="checkbox"/> Fog</p> <p><input type="checkbox"/> Ground Fog</p> <p><input type="checkbox"/> Haze</p> <p><input type="checkbox"/> Ice Fog</p> <p><input type="checkbox"/> Smoke</p> <p><input type="checkbox"/> Unknown</p>
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<p>Lowest Cloud Condition Height</p> <p>700 R AGL</p>	<p>Ceiling Height</p> <p>1700 R AGL</p>	<p>Wind Direction</p> <p><input type="checkbox"/> Indicated: _____ degrees MAG</p> <p><input type="checkbox"/> Visible</p>	<p>Wind Speed</p> <p>Velocity: _____ KTS</p> <p>←</p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Light and Variable</p>	<p>Wind Gusts</p> <p>Velocity: _____ KTS</p> <p><input type="checkbox"/> Gusting</p> <p><input type="checkbox"/> Not Gusting</p>	<p>Type of Turbulence (Check all that apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Clear Air</p> <p><input checked="" type="checkbox"/> In Clouds</p> <p><input type="checkbox"/> Vicinity of Thunderstorm</p> <p>Severity of Turbulence</p> <p><input type="checkbox"/> Extreme</p> <p><input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Moderate Chop</p> <p><input checked="" type="checkbox"/> Light</p>
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NOTAMS (D.E. and EDC), AIRMETS, SIGMETS, PIREPs in effect at the time of the accident/incident

<p>Icing Forecast</p> <p>Amount</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Trace</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p>Type</p> <p><input type="checkbox"/> Rime</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Mixed</p>	<p>Icing Actual</p> <p>Amount</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Trace</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p>Type</p> <p><input type="checkbox"/> Rime</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Mixed</p>	<p>Type of Precipitation (Check all that apply)</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Rain</p> <p><input type="checkbox"/> Snow</p> <p><input type="checkbox"/> Hail</p> <p><input type="checkbox"/> Rain Showers</p> <p><input type="checkbox"/> Freezing Rain</p> <p><input type="checkbox"/> Snow Shower</p> <p><input type="checkbox"/> Drizzle</p> <p><input type="checkbox"/> Ice Pellets</p> <p><input type="checkbox"/> Snow Pellets</p> <p><input type="checkbox"/> Snow Grains</p> <p><input type="checkbox"/> Ice Crystals</p> <p><input type="checkbox"/> Ice Pellet Shower</p> <p><input type="checkbox"/> Freezing Drizzle</p> <p>Intensity of Precipitation</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Heavy</p>
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PILOT INFORMATION

Category of Pilot at Time of Accident/Incident
 Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Name: Bill (Bill) Sponberg City: TAMPA
 Address: 143 State: FL ZIP: 33606
 Last Name: Sponberg Country: USA
 Age at time of Accident/Incident: 60 Date of Birth: mm/dd/yyyy 1952 Certificate Number: mm/dd/yyyy

Regulation of Injury
 None Head Neck Unknown
 Spine Extremities
 Other

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 Certification(s) (Check all that apply)
 Private Student Recreational Commercial Flight Engineer Foreign
 Instrument Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation
 Pilot Student Recreational Commercial Flight Engineer Foreign
 Other

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
01-31-2012
 mm/dd/yyyy

Medical Certificate Exemptions
NONE

Medical Certificate Waivers
NONE

Recent Flight Review
 or Equivalent, Including
 FAR 137/135 Checks: mm/dd/yyyy

Flight Review Aircraft
 Make: CIRRUS
 Model: SR22

Aircraft Rating(s)
 (Check all that apply)
 None
 Airplane
 Airplane Multi-Engine
 Airplane Single-Engine
 Helicopter
 Gyroplane
 Powered Lift

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

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			
YTD										
2012 (Jan-Dec)	1944.7	1450	1950	0	75	17	75			
2011 (Jan-Dec)										
2010 (Jan-Dec)	45	45	45							
Life Total	24	24	24	0	0	0	0			
1973-1979	0	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: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <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	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <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	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input 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	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
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		Degree of Injury
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
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
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
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury
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
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<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
		<input type="checkbox"/> Center <input type="checkbox"/> Single
		<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

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: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____ ZIP: _____		<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"/>
Country: _____		<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: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____ ZIP: _____		<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"/>
Country: _____		<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: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____ ZIP: _____		<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"/>
Country: _____		<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: _____		<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"/>
Middle Initial: _____		<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"/>
Last Name: _____		<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"/>
City: _____		<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"/>
State: _____ ZIP: _____		<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"/>
Country: _____		<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"/>

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

Detail what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include weather observations 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?)

Captain's 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 mm/dd/yyyy	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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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

NTSB Accident/Incident No. ERA13LA012	Reviewed by NTSB Regional Office ERA (NJ)	Name of Investigator Gretz	Date Report Received 10/15/12
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6 Oct 2012

DEPARTED ST JOE (STJ) TO KANSAS CITY DOWNTOWN
(CMKC) FLT FOLLOWING TO PICK UP PASSENGER.
FILED IFR FLT PLAN FROM MKC TO BIRMINGHAM
AL. (BHM). STARTED AT 9000' DROPE TO 7000'
MIDWAY DUE TO WEATHER. 200 MILES OUT OF
BHM ASKED IF ANYBODY HAD GONE MISS
DUE TO CIEUNG SHOWING 1700'. WAS GIVEN
LOWER BY BHM CONTROL TO 2400. ~~BHM~~
FINAL TOLD TO CONTACT TOWER. WAS
Cleared TO LAND. ON FINAL LOWERED TO
2000' CALLED TOWER DECLARED MISS. TOLD
BY TOWER TO FLY RUNWAY. I TOLD TOWER
I COULD NOT DUE TO WEATHER. WAS TOLD
BY TOWER TO FLY 180°, CLIMB 4000, TURNED
LOST CONTROL SAW ALTIMETER READ 1700'
NEW FIELD WAS 700' WENT TO FINAL DECISION
PULLED CHUTE IN CLOUDS LANDED IN
DOWNTOWN BIRMINGHAM ON VACANT LOT. CALLED
TOWER, BUT WAS NOT HELD TO GIVE LOCATION.
OPEN DOOR & WALKED AWAY.