

**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>Louisville</u> State: <u>Ky</u> ZIP: <u>40258</u> Country: <u>United States</u> Latitude: <u>38°13'50"N</u> (dd:mm:ss N/S) Longitude: <u>85°40'10"W</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>6/11/13</u> Local Time: <u>10:30</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> <u>200</u> ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: <u>Cessna</u> Model: <u>172M</u> Serial Number: <u>17265574</u> Registration Number: <u>N485D</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>2300</u> 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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<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> (Check all that apply) <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>4</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	<b>Landing Gear</b> <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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<b>Type of Maintenance Program</b> <input 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 type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> _____ mm/dd/yyyy <b>Airframe Total Time:</b> _____ hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input 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 checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
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<b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____	
<b>ELT Aided in Locating Accident/Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<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 checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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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	<u>Lycoming</u>	<u>O-320</u>		<u>7/12/75</u>	<u>150</u>			
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b> Name: <u>Cardinal Wings Aviation LLC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Owner Address</b> City: <u>Buckner</u> State: <u>KY</u> ZIP: <u>40010</u> Country: <u>United States</u>
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner Name: <u>Cody Goodan</u> Doing Business As: <u>N/A</u> Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>		<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: <u>Louisville</u> State: <u>KY</u> ZIP: <u>40272</u> Country: <u>U.S.</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 for FAR 91, 103, 133, 137 (Select one)</b> <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 for FAR 121, 125, 129, 135 (Select one)</b> <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 checked="" type="checkbox"/> Passenger <u>4</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <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: <u>N/A</u> Model: <u>N/A</u>	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None
<b>Registered Owner of Other Aircraft</b> First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u>		
<b>Pilot of Other Aircraft</b> First Name: <u>N/A</u> City: <u>N/A</u> Middle Initial: <u>N/A</u> State: <u>N/A</u> ZIP: <u>N/A</u> Last Name: <u>N/A</u> Country: <u>N/A</u>		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		<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 checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input checked="" 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)

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

Airport Identifier: KLOU Distance From Airport Center: 1 SM  
 Airport Name: Bowman Direction From Airport: 310 degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip Airport Elevation: 544 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  Stop and Go  
 ADF/NDB  Sidestep  LDA  GPS  Touch and Go  
 SDF  ILS  ASR  Loran  Simulated Forced Landing  
 VOR/TVOR  Localizer Only  Visual  Unknown  Forced Landing  
 VOR/DME  LOC-back course  Contact  Precautionary Landing  
 TACAN  RNAV  Circling  Full Stop  Unknown

**Runway Information** Runway ID: 33 (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ 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

**Runway/Landing Surface** (Check all that apply)  
 Asphalt  Grass/Turf  Macadam  Water  
 Concrete  Gravel  Metal/Wood  Unknown  
 Dirt  Ice  Snow

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KLOU</u> City: <u>Louisville</u> State: <u>KY</u> Country: <u>U.S.</u>	<b>Time of Departure</b> Time: <u>10:30</u> Time Zone: <u>EASTERN</u>	<b>Destination</b> Airport ID: <u>KLOU</u> City: <u>Louisville</u> State: <u>KY</u> Country: <u>U.S.</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service** (Check all that apply)  
 None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

**Airspace where the accident/incident occurred** (Check all that apply)  
 Class A  Class E  Prohibited Area  Jet Training Area  Special  
 Class B  Class G  Restricted Area  TRSA  Air Traffic Control Area  
 Class C  Demo Area  Military Operations Area (MOA)  FAR 93  Unknown  
 Class D  Warning Area  Airport Advisory Area

**Aircraft Load Description** (Check all that apply)  
 None  Towing Glider  Parachutists  Livestock  
 Passengers  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** (convert from pounds, as necessary)  
42 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**

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  
*Emergency medical, fire and rescue*

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Weather Observation Facility</b> Facility ID: <u>KLAU</u> Observation Time: <u>10:00 PM</u> Time Zone: <u>Eastern</u> Distance from Accident Site: <u>1.5m</u> NM Direction from Accident Site: <u>360° (N)</u> degrees MAG		<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> (Check all that apply) <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>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> <u>10+</u> miles
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (Check all that apply) <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 <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
<b>Lowest Cloud Condition Height</b> <u>10,000</u> ft AGL		<b>Ceiling Height</b> <u>10,000</u> ft AGL		
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input checked="" 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> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	

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

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> (Check all that apply) <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 <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
	<b>Icing Actual</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy



**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*

<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
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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

<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> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>
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**Medical Certificate Limitations**

**Medical Certificate Waivers**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_  
*mm/dd/yyyy*

**Flight Review Aircraft**

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

<b>Airplane Rating(s)</b> <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	<b>Other Aircraft Rating(s)</b> <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	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <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** *(Include dates)*

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)

<b>Pilot Name and Address</b>		<b>Degree of Injury</b>	
First Name: _____ City: _____	State: _____ ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left	<input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right	<input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center	<input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	<input type="checkbox"/> Unknown
<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: _____	State: _____ ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left	<input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right	<input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center	<input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	<input type="checkbox"/> Unknown
<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: _____	State: _____ ZIP: _____	<input type="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	Country: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____		<input type="checkbox"/> Serious	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left	<input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right	<input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center	<input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	<input type="checkbox"/> Unknown
<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)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Adam</u> City: <u>Louisville</u> Middle Initial: <u>M</u> State: <u>KY</u> ZIP: <u>40272</u> Last Name: <u>Breitmeier</u> Country: <u>U.S.</u>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>Josh</u> City: <u>Louisville</u> Middle Initial: <u>W</u> State: <u>KY</u> ZIP: <u>40272</u> Last Name: <u>Trumbo</u> Country: <u>U.S.</u>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: <u>John</u> City: <u>Louisville</u> Middle Initial: <u>L</u> State: <u>KY</u> ZIP: <u>40272</u> Last Name: <u>Daddana</u> Country: <u>U.S.</u>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ 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"/>

**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.

We departed runway 33 at Bowman field ~~later~~ <sup>intending to land there</sup>  
later on. I remember completing 2 touch and goes then  
nothing else.

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

Operator/Owner Safety Recommendation



**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

7/8/13  
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: \_\_\_\_\_  
Type or Print Name: Clody Goodan

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. ERA13LA279	Reviewed by NTSB Regional Office ERA-ASHBURN	Name of Investigator J. NEYLON	Date Report Received 8/28/2013
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