

**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>Morgantown</u> State <u>WV</u> ZIP: _____ Country: _____ Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>06/22/2012</u> Local Time: <u>10:00Am</u> <i>mm/dd/yyyy</i> Time Zone: <u>EST</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input 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 checked="" 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>APX 3100</u> ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: <u>Raytheon</u> Model: <u>Beechcraft C90GT</u> Serial Number: <u>LJ-1775</u> Registration Number: _____ Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Max Gross Weight: <u>10,100</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> <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>8</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 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> _____ <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> _____ hrs hours measured at <i>(check one)</i> <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 type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>2 Fire extinguishers</u>
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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> _____	
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<b>Engine Type</b> <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input checked="" type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <b>Manufacturer:</b> _____ <input checked="" type="checkbox"/> Controllable Pitch <b>Model:</b> _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Pratt & Whitney	PT6135						
Eng. 2	Pratt & Whitney	PT6135						
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<b>Registered Aircraft Owner</b> Name: <u>D2 GAS Aviation LLC Lewistown MT</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> City: _____ State: _____ ZIP: _____ Country: _____
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____

<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input checked="" 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> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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**OTHER AIRCRAFT - COLLISION** (If an on-ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	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: _____	Middle Initial: _____	Last Name: _____
City: _____	State: _____	ZIP: _____
Country: _____		
<b>Pilot of Other Aircraft</b>		
First Name: _____	Middle Initial: _____	Last Name: _____
City: _____	State: _____	ZIP: _____
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
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b> <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" 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 type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input checked="" type="checkbox"/> On-Ground
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)

I am not able to really say but I am pretty sure the plane is a total loss.

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

Airport Identifier: \_\_\_\_\_ 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  Sideslip  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

**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>P888</u> City: <u>Nemacolin</u> State: <u>PA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>9:45 AM</u> Time Zone: <u>EST</u>	<b>Destination</b> Airport ID: <u>M6W</u> City: <u>Morgantown</u> State: <u>WV</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service** (Check all that apply)  
 None  Special VFR  Special IFR  VFR Flight Following  Cruise  
 VFR  IFR  VFR On Top  Traffic Advisory  Unknown / NA

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

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

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** (convert from pounds, as necessary)  
APX 90 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

Just Pilot was removed from plane and Parts of Plane had to be cut to remove him.

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

<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ 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 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 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 type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> _____ miles
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input 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 type="checkbox"/> Unknown		<b>Restriction to Visibility</b> (Check all that apply) <input 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> _____ ft AGL		<b>Ceiling Height</b> _____ ft AGL		
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	<b>Wind Speed</b> Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	<b>Type of Turbulence</b> (Check all that apply) <input 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	
<b>NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident</b>				
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		<b>Icing Forecast</b> Amount <input 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 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 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 "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>											
First Name: <u>Richard</u>					City: <u>Wooster</u>						
Middle Initial: <u>L</u>					State: <u>Ohio</u> ZIP: <u>44691</u>						
Last Name: <u>Lambert</u>					Country: <u>USA</u>						
Age at time of Accident/Incident: <u>63</u>			Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span>		Certificate Number: _____						
<b>Degree of Injury</b> <input type="checkbox"/> None <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" 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 type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>		<b>Date of Last Medical</b>				
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown		_____ <i>mm/dd/yyyy</i>				
<b>Medical Certificate Limitations</b>											
You may want to contact his wife Sharon for medical information @ <span style="background-color: black; color: black;">[REDACTED]</span>											
<b>Medical Certificate Waivers</b>											
<b>Medical Certificate Waivers</b>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>					<b>Flight Review Aircraft</b>						
_____ <i>mm/dd/yyyy</i>					Make: _____						
_____ <i>mm/dd/yyyy</i>					Model: _____						
<b>Airplane Rating(s)</b> (Check all that apply)		<b>Other Aircraft Rating(s)</b> (Check all that apply)			<b>Instrument Rating(s)</b> (Check all that apply)		<b>Instructor Rating(s)</b> (Check all that apply)				
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
<b>Type Ratings</b>					<b>Student Endorsements</b> (Include dates)						
<b>Type Ratings</b>					<b>Student Endorsements</b> (Include dates)						
<b>Flight Time</b> (enter appropriate number of hours in each box)		<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
							<b>Actual</b>	<b>Simulated</b>			
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

**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**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<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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<b>Type Ratings</b>	<b>Student Endorsements</b> <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)**

<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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<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"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<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)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
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"/>
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.

It was around 9:41 AM EST when we got off the plane at Nemico Air restort and the Pilot Rich immediately took off at around 9:45 AM EST. He was headed to Morgantown WV Airport where he was to stay the night. When I arrived at the crash site I was unable to walk down to the plane but all I could see was the tail of the plane and it looked very bad and destroyed.

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

Operator/Owner Safety Recommendation

I have no idea how this accident could of been prevented at this time without more information available to me.



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

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

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

Date of this Report

06/29/12  
mm/dd/yyyy

Signature and Name of Pilot/Operator

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

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: \_\_\_\_\_  
Type or Print Name: Patricia A. Dalla Riva  
Title: Passenger

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.  
ERA12FA409

Reviewed by NTSB Regional Office  
ASHBURN, VA

Name of Investigator  
T. GUTHER

Date Report Received  
7/2/12