

**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 Nearest City/Place: <u>6513 Mt Plymouth Rd, Mt Plymouth</u> State: <u>FL</u> ZIP: <u>32776</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>03/01/2014</u> Local Time: <u>13:30</u> <i>mm/dd/yyyy</i> Time Zone: <u>Eastern</u>	
Phase of Operation <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 type="checkbox"/> Descent <input type="checkbox"/> Landing <input checked="" 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>3,000</u> ft MSL

AIRCRAFT INFORMATION

Manufacturer: <u>CORDERO</u> Model: <u>VANS RV9A</u> Serial Number: <u>90319</u> Registration Number: <u>N19VC</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Max Gross Weight: <u>1,800</u> lbs Weight at Time of Accident/Incident: <u>1,500</u> 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)	
---	--	---	--

Category of Aircraft <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	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	Number of Seats: <u>2</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
---	--	--	--

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: <u>09/12/2013</u> <i>mm/dd/yyyy</i>
		Airframe Total Time: <u>278</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident

IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
---	---	--

ELT Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>FAST FIND GPS PLB</u> Model/Series: <u>FAST FIND 220</u> Serial Number: <u>2DCE7 28504 FFBFF</u> Battery Type: <u>NI-CAD</u> Battery Exp. Date: <u>2018</u>	
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No			

Engine Type <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	Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected	Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>IVO 3 BLADE</u> Model: <u>72 INCH IN-FLIGHT ADJUSTABLE</u>
---	---	--

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 checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	SUBARU	2.5 LITER EJ25		1999	165	344	60	
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: VICTOR MANUEL CORDERO Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: SANFORD State: FL ZIP: 32773-8184 Country: USA	
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted 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	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	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
OTHER 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: _____	Middle Initial: _____	Last Name: _____
City: _____		State: _____ ZIP: _____
Country: _____		
Pilot of Other Aircraft		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> AIRCRAFT LOST LIFT. POSSIBLE PSRU (PROP SPEED REDUCTION UNIT) FAILURE		Total Time/Cycles On Part _____ 344 Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ 344 Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed	Aircraft Fire <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	Aircraft Explosion <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)

AIRCRAFT "FLIPPED UPSIDE DOWN"

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

Airport Identifier: KSFB Distance From Airport Center: 12 SM
 Airport Name: ORLANDO-SANFORD AIRPORT Direction From Airport: 270 degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: 55 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)		VFR Approach (Check all that apply)	
<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input checked="" type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Valley/Terrain Following	<input type="checkbox"/> Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown
<input type="checkbox"/> MLS	<input type="checkbox"/> Practice		
<input type="checkbox"/> LDA	<input type="checkbox"/> GPS		
<input type="checkbox"/> ASR	<input type="checkbox"/> Loran		
<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Contact			
<input type="checkbox"/> Circling			

Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>09L</u> (L/R/C) Length: <u>11,000</u> ft Width: <u>150</u> ft	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm
Runway/Landing Surface (Check all that apply)	<input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water	<input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown	<input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet
<input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	<input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown
	<input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>MYAM</u> City: <u>MARSH HARBOUR</u> State: _____ Country: <u>BAHAMAS</u>	Time of Departure Time: <u>11:30 LOCAL</u> Time Zone: <u>???</u>	Destination Airport ID: <u>KSFB</u> City: <u>SANFORD</u> State: <u>FL</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
---	---	--	---

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) _____ <u>36</u> Gallons	Fuel Type <input checked="" type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> 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

SHERIFF 'KICKED' OUT AIRPLANE CANOPY WITH HIS BOOT

2 OCCUPANTS PULLED OUT

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National Weather Service | <input type="checkbox"/> Company |
| <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Automated Report | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | |

Method of Briefing

(Check all that apply)

- | |
|---|
| <input type="checkbox"/> In Person |
| <input type="checkbox"/> Teletype |
| <input type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio |
| <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Unknown |

Briefing Type/Completeness

- | | |
|---|--|
| <input type="checkbox"/> Full | <input type="checkbox"/> Abbreviated |
| <input type="checkbox"/> Partial / Limited By Pilot | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Partial / Limited By Briefer | <input type="checkbox"/> Not Pertinent |

Light Condition

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark Night |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
| | | <input type="checkbox"/> Not Reported |

Visibility

_____ 10 miles

Sky/Lowest Cloud Condition

- | | |
|---|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Thin Broken |
| <input type="checkbox"/> Few | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Scattered | |

Ceiling

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast | <input type="checkbox"/> Unknown |

Restriction to Visibility (Check all that apply)

- | | |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog |
| <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze |
| <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog |
| <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

- Indicated:
_____ 90 degrees MAG
- Variable

Wind Speed

- Velocity: _____ 5 KTS
- or-
- Calm
 Light and Variable

Wind Gusts

- Velocity: _____ 0 KTS
- Gusting
 Not Gusting

Type of Turbulence (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds |
| <input type="checkbox"/> Clear Air | <input type="checkbox"/> Vicinity of Thunderstorm |

Severity of Turbulence

- | | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate Chop | |

NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Icing Actual

Amount

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe |
| <input type="checkbox"/> Light | |

Type

- | |
|--------------------------------|
| <input type="checkbox"/> Rime |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

Type of Precipitation (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets |
| <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains |
| <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |
| <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Freezing Drizzle |

Intensity of Precipitation

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <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

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
--	--	---	--

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>
---	--	--	--

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: _____

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"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
---	---	--	---

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)

Pilot Name and Address		Degree of Injury	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <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"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left <input type="checkbox"/> Front <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: <u>MARLANE</u> City: <u>DEBARY</u> Middle Initial: <u>W</u> State: <u>FLORIDA</u> ZIP: <u>32713</u> Last Name: <u>REICHERT</u> Country: <u>USA</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

NARRATIVE ALREADY SENT

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 RESERVE THE RIGHT TO AMEND, MODIFY OR CHANGE THE INFORMATION SUBMITTED AS NEW OR MORE ACCURATE DATA PRESENTS ITSELF.

VICTOR MANUEL CORDERO

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

Date of this Report 03/01/2014 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: VICTOR MANUEL CORDERO
---	--

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. ERA14LA130	Reviewed by NTSB Regional Office ERA - Ashburn	Name of Investigator S. Stein	Date Report Received March 1, 2014
---	--	---	--