## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

| BASIC  |                             |                                 | · · · · · · ·                   | <u> </u>             |                                  |                               | -     |                          |                            |                       |                      |                |                    |
|--|-----------------------------|---------------------------------|---------------------------------|----------------------|----------------------------------|-------------------------------|-------|--------------------------|----------------------------|-----------------------|----------------------|----------------|--------------------|
|  | t/Incident Loc              |                                 |                                 |                      |                                  |                               | A     | cident/Incid             | ent Date/                  | Fime                  |                      |                |                    |
|  |                             |                                 |                                 |                      | State:                           |                               |       |                          |                            |                       | aal Timaa            |                |                    |
|  |                             |                                 |                                 |                      |                                  |                               | Da    | te:                      | l/yyyy                     | L0                    | cai i inte           |                |                    |
| ZIP: Country:     Latitude: Longitude:                                       |                             |                                 |                                 |                      |                                  |                               |       | Ti                       | me Zone: _                 |                       |                      |                |                    |
|  |                             |                                 | legrees:minutes:see             |                      |                                  |                               | C     | ollision with            | Othon Ain                  | anaft.                | Midair               | On aroun       | d None             |
| ,  | (                           |                                 |                                 |                      |                                  |                               | C     | Diffsion with            | Other Air                  | crait:                | wituali              | On-groun       | d None             |
| AIRCR  | AFT INFO                    | RMATIO                          | N                               |                      |                                  |                               | 1     |                          |                            |                       |                      |                |                    |
| Registra   | tion Number:                |                                 |                                 |                      |                                  |                               |       |                          | ped and Ce                 |                       |                      |                |                    |
| Manufac  | cturer:                     |                                 |                                 |                      |                                  |                               |       | Unmanned                 | al Space Fli<br>l Aircraft | ght                   |                      |                |                    |
| Model: _   |                             |                                 |                                 |                      |                                  |                               | Μ     | laximum Gr               | oss Weigh                  | t:                    |                      | lbs            |                    |
| Serial Nu  | umber:                      |                                 |                                 |                      |                                  |                               |       | eight at Tin             |                            |                       |                      |                | lbs                |
| Year of N  | Manufacture:                |                                 |                                 |                      |                                  |                               | N     | umber of Se              | ats:                       |                       | Flight Cre           | ew Seats:      |                    |
| Amateur  | r- <b>Built:</b> Yes        | If Yes:                         | Kit/Plans Ma                    | ke:                  |                                  |                               |       | abin Crew Seat           |                            |                       |                      |                |                    |
|  | No                          |                                 | Original Design                 |                      |                                  |                               | N     | umber of En              | gines:                     |                       |                      |                |                    |
| Category   | y of Aircraft               | • •                             | irworthiness Ce                 | ertificate           |                                  | Landing Ge                    |       |                          |                            | Engine                | e Type (Se           |                |                    |
| Airplan<br>Balloor   |                             | (Check all t                    | 11 .                            |                      |                                  | (Check all the                | -     | <i>pply)</i><br>ractable |                            |                       | procating            |                | d Rocket<br>Rocket |
|  | n<br>Dirigible              | Norma                           |                                 | ted                  |                                  |                               | Ret   |                          |                            |                       | o Shaft<br>o Prop    |                | id Rocket          |
| Glider   | C                           | Aerob                           |                                 |                      |                                  | Tricycle                      |       | 13                       | ailwheel                   |                       | o Jet                | None           |                    |
| Gyropl<br>Helicop  |                             | Balloo                          |                                 |                      |                                  | Amphibian High Skid Turbo Fan |       |                          |                            |                       | Unkn                 | own            |                    |
| Powere   |                             | Comm<br>Transp                  | 1                               | -                    |                                  | Emergenc<br>Float             | cy F  | loat SI                  | cid<br>ci                  | Elec                  | tric                 |                |                    |
| Rocket   | İ.                          | Utility                         | 1                               | l Light-Spo          | ort                              | Hull                          |       |                          | ci/Wheel                   | Fuel Sv               | stem Tyne            | (Reciprocatii  | 1 <del>0</del> )   |
| Ultralight Experiment  |                             |                                 | imental Light-Sport<br>Other La |                      |                                  | •                             |       |                          | •                          | puretor Fuel-Injected |                      | 0.5            |                    |
| Certificate of Authorization or Waiver (COA)                                 |                             |                                 |                                 | uner                 |                                  |                               | curo  | areter                   | i dei                      | injected              |                      |                |                    |
|  |                             | None                            |                                 | Unknown              | I                                | None                          |       |                          | nknown<br>Rated Pow        |                       | Total                | T:             | Since:             |
|  |                             |                                 | Engine                          |                      | Manuf                            | acturer's                     |       | Date<br>of Mfg.          |                            | ower or               |                      | Inspection     |                    |
|  | Engine Manufa               | cturer                          | Model/Series                    |                      | Serial I                         | Number                        |       | mm/dd/yyyy               | lbs of                     | Thrust                | (hours)              | (hours)        | (hours)            |
| Eng. 1   |                             |                                 |                                 |                      |                                  |                               |       |                          |                            |                       |                      |                |                    |
| Eng. 2   |                             |                                 |                                 |                      |                                  |                               |       |                          |                            |                       |                      |                |                    |
| Eng. 3   |                             |                                 |                                 |                      |                                  |                               |       |                          |                            |                       |                      |                |                    |
| Eng. 4   |                             |                                 |                                 | Propell              | er 1                             | Fixed P                       | Pitch | 1                        | Pron                       | eller 2               |                      | Fixed Pitch    |                    |
|  | pection Type                |                                 |                                 | rropen               |                                  | Control                       |       |                          | Top                        |                       |                      | Controllable   |                    |
| 100-Hou<br>AAIP  |                             | inuous Airwo<br>litional Inspec |                                 |                      | Ground Adjustable Ground Adjusta |                               |       |                          |                            |                       |                      |                |                    |
| Annual   |                             | nown                            |                                 |                      |                                  |                               |       |                          |                            |                       |                      |                |                    |
| Date Las   | st Inspection:              |                                 |                                 |                      |                                  | Yes                           | No    |                          |                            |                       |                      | Check all that |                    |
|  |                             | mm/dd/yy                        | ••                              | ELT In               | staneu:                          | res                           | INO   |                          |                            | S-B                   | ipment (             |                | арріу)             |
|  | e Total Time:               |                                 | hrs                             | If Yes:<br>ELT Ma    | nufactur                         | er:                           |       |                          |                            | frame Para            |                      |                |                    |
|  | measured at (S              |                                 | coident/Incident                | Model or             | r Part No                        | .:                            |       |                          |                            |                       | ck Indicato          | r              |                    |
| TSO No.: C91 (121.5 MHz)   |                             |                                 |                                 |                      |                                  | 91a (121.5 MHz                |       | opilot<br>a Recorde      | r                          |                       |                      |                |                    |
| Type of Maintenance Program (Select one)       C126 (406 MHz)                |                             |                                 |                                 | 6 (406 MHz)          |                                  |                               |       |                          |                            | Handheld De           | vice                 |                |                    |
| Annual<br>Conditional (Amateur-built only)<br>Was ELT still mounted in airco |                             |                                 |                                 |                      |                                  | Yes No                        | E1-   |                          | Itifunction                |                       |                      |                |                    |
| Manufacturer's Inspection Program Was ELT still connected to ant             |                             |                                 |                                 |                      |                                  | ? Yes No                      |       | dheld GP                 | mary Fligh<br>S            | t Display             |                      |                |                    |
|  | Approved Inspec             |                                 | (AAIP)                          |                      |                                  | e? Yes                        | No    |                          |                            | ds Up Dis             |                      |                |                    |
|  | uous Airworthin<br>specify: | ess                             |                                 | If active<br>Did ELT |                                  | ocating Aircra                | ft:   | Yes No                   |                            | oard Wea              |                      | -              |                    |
|  | ion of Fire Ex              | tinguishing                     | System                          |                      | ctivated:                        |                               |       |                          | Salo                       | l Warning             | king Devic<br>System | 5              |                    |
| None   | AON OF FILT EA              | unguisining                     | system                          | Indicate             |                                  | Impact Da                     | mag   | te                       | Vid                        | eo Record             | ing Device           | :              |                    |
| Specif   | ý:                          |                                 |                                 |                      |                                  | Fire Dama                     | ge    | ·                        | Oth                        | er, Specify           | y:                   |                |                    |
|  |                             |                                 |                                 |                      |                                  | Battery Ex<br>Unknown         |       | d/Damaged                |                            |                       |                      |                |                    |
|  |                             |                                 |                                 | 1                    |                                  | UIKIIOWI                      |       |                          |                            |                       |                      |                |                    |

| <b>OWNER/OPERATOR INFORM</b>   | ATION   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Registered Aircraft Owner  |   | City:  |  |  |  |  |
| Name:  |   | State: ZIP:  |  |  |  |  |
| Fractional Ownership Aircraft: Yes   |   | State Zh :<br>Country:   |  |  |  |  |
| -  | gistered Owner  | Same Address as Registered Owner   |  |  |  |  |
| -  | -   | City:  |  |  |  |  |
| Name:<br>Doing Business As:  |   |  |  |  |  |  |
| Air Carrier/Operator Designator (4 Charact   |   |  |  |  |  |  |
| All Carrier/Operator Designator (4 Charact   | er code)  | Country:   |  |  |  |  |
| <b>Operating Certificates Held</b><br>(Check all that apply)   | Regulation Flight Conducted Un  | InderRevenue Operation for FAR 121, 125, 129, 135<br>(Select one for each group)   |  |  |  |  |
| None<br>Flag Carrier Operating Certificate (FAR 121)<br>Supplemental<br>Air Cargo<br>Foreign Air Carriers (FAR 129)  | FAR 121         FAR 135         FAR           FAR 125         FAR 137         FAR | R 431 Non-Scheduled or Air Taxi International  |  |  |  |  |
| Rotorcraft External Load (FAR 133)<br>Commuter Air Carrier (FAR 135)   | FAR 91 Special Flight<br>Non-US, Commercial                                       | Cargo<br>Mail Contract Only  |  |  |  |  |
| On-Demand Air Taxi (FAR 135)   | Non-US, Non-commercial  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
| Commercial Air Tour (FAR 136)<br>Agricultural Aircraft (FAR 137)<br>Pilot School (FAR 141)   | Public Aircraft <i>(Select one)</i><br>Armed Forces                               | Purpose of Flight for FAR 91, 103, 133, 137<br>(Select one)  |  |  |  |  |
| Certificate of Authorization or Waiver (COA)<br>Commercial Space Transportation<br>Experimental Permit<br>Commercial Space Transportation License<br>Other Operator of Large Aircraft              |   | Aerial ApplicationFirefightingUnknownAerial ObservationFlight TestAir DropGlider TowAir Race/ShowInstructionalBanner TowOther Work UseBusinessPersonalExecutive/CorporatePositioning   |  |  |  |  |
| Revenue Sightseeing Flight   | Air Medical Flight  | External Load Skydiving<br>Ferry   |  |  |  |  |
| Yes No   | Yes No  | Tony   |  |  |  |  |
| AIRPORT INFORMATION (Fill in   | if accident/incident occurred on ap   | pproach, landing, takeoff, departure, or within 3 miles of an airport)   |  |  |  |  |
|  |   |  |  |  |  |  |
| Airport Name:<br>Airport Identifier:   |   |  |  |  |  |  |
| Proximity to Airport: Off Airport/Airstri  | p On Airport/Airstrip N/A   | _ Direction From Airport: degrees true   |  |  |  |  |
|  | r   | Airport Elevation:ft. msl  |  |  |  |  |
| 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   |  |  |  |  |
| Runway/Landing Surface         (Check all that of Asphalt           Asphalt         Grass/Turf         Maca           Concrete         Gravel         Meta           Dirt         Ice         Snow | adam Water<br>1/Wood  | Holes     Snow-Crusted     Water-Choppy       Ice Covered     Snow-Dry     Water-Glassy       Rough     Snow-Wet     Wet       Rubber Deposits     Soft     Slush-Covered  |  |  |  |  |
| Approach/Departure Segment (Select one   | )   |  |  |  |  |  |
| Taxi VFR Departure<br>Takeoff IFR Departure Proc<br>Initial Climb  | On Instrument Ap<br>redure/Clearance Landing                                      | Approach Downwind Low Approach<br>Base Go Around<br>Final Aborted Landing (after touchdown)<br>Crosswind Unknown   |  |  |  |  |
| <b>IFR Approach</b> (Check all that apply)   |   | VFR Approach (Check all that apply)  |  |  |  |  |
| None<br>ADF/NDB PAR<br>SDF Sidestep<br>VOR/TVOR ILS<br>VOR/DME Localizer Only<br>TACAN LOC-back course<br>RNAV   | MLS Practice<br>LDA GPS<br>ASR<br>Visual<br>Contact<br>Circling<br>Unknown        | None         Traffic Pattern       Stop and Go         Straight-In       Touch and Go         Valley/Terrain Following       Simulated Forced Landing         Go Around       Forced Landing         Full Stop       Precautionary Landing         Unknown       Unknown |  |  |  |  |
|  | Unknowfi  | UIIKIIOWII   |  |  |  |  |

| <b>"FLIGHT CREWMEN</b>  | IBER 1" INFO                        | ORMATIC                            | NC                  |                                      |                             |               |                              |              |                          |             |
|---|-------------------------------------|------------------------------------|---------------------|--------------------------------------|-----------------------------|---------------|------------------------------|--------------|--------------------------|-------------|
| <b>"Flight Crewmember 1" R</b><br>Pilot Co-Pilot                              | esponsibilities at<br>Student Pilot |                                    | Accident/Inc        | <b>cident</b><br>Check Pilot         | Flig                        | ht Engineer   | Other 1                      | Flight Crew  |                          |             |
| "Flight Crewmember 1" w   | as pilot flying                     | Yes N                              | lo                  |                                      |                             |               |                              |              |                          |             |
| "Flight Crewmember 1" Id  | entification                        |                                    |                     |                                      |                             |               |                              |              |                          |             |
| First Name:   |                                     |                                    |                     | (                                    | City of Re                  | esidence:     |                              |              |                          |             |
| Middle Initial:   |                                     |                                    |                     | S                                    | state:                      |               |                              | ZIP:         |                          |             |
| Last Name:  |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
|   | f Accident/Incider                  |                                    |                     |                                      |                             | <i>m</i>      |                              |              |                          |             |
| 8   |                                     |                                    | -<br>ertificate Num |                                      |                             |               |                              |              |                          |             |
| Degree of Injury  | Seat Occupi                         |                                    |                     |                                      | traint Ty                   | vne           |                              | 1            | Inflatable <b>F</b>      | Restraints  |
| None Fatal  | Left                                | Front                              | Unknow              |                                      | Availabl                    | -             | Used                         |              |                          | xesti annts |
| Minor Unknown<br>Serious  | Right<br>Center                     | Rear<br>Single                     |                     |                                      | Avanabi<br>None<br>Lap o    |               | None<br>Lap onl              | у            | Not Ins<br>Installe      |             |
| Pilot Certificate(s) (Check a   | ll that apply)                      |                                    |                     |                                      | 3-poir                      | nt            | 3-point                      | -            | Not De                   |             |
|   |                                     | Commercial                         | US M                |                                      | 4-poii<br>5-poii            |               | 4-point<br>5-point           |              | Deploy<br>Unknow         |             |
| Private Recrea<br>Student Sport   |                                     | Airline Transport<br>Tight Enginee |                     | n                                    | Unkn                        |               | Unknov                       |              |                          |             |
| Student Sport   | 1                                   | ingin Enginee                      | 1                   |                                      |                             |               |                              |              |                          |             |
| Principal Occupation  | Medical Certifica                   | ate                                |                     | Me                                   | dical Cer                   | rtificate Va  | lidity                       |              | Date of Las              | st Medical  |
| Pilot   |                                     | Class 3                            |                     |                                      |                             | nitations/wai |                              | Inknown      |                          |             |
| Other<br>Unknown  |                                     | Driver's Lice<br>Unknown           | ense (Sport Pilot   | <i>(</i> , <i>, , , , , , , , , </i> | Vith limita<br>Special Issi | tions/waiver  | s N                          | I/A          | mm/dd/yyyy               |             |
| Medical Certificate Limita  | tions                               |                                    |                     | I                                    |                             |               |                              |              |                          |             |
|   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Medical Certificate Special   | Issuance                            |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Date of Last Flight Review<br>or Equivalent, Including<br>FAR 121/135 Checks: |                                     | -                                  | t Review Airc       |                                      |                             |               |                              |              |                          |             |
| -   | mm/dd/yyyy                          | Model                              |                     |                                      |                             |               |                              |              |                          |             |
| Airplane Rating(s)  | Other Aircraft                      | t Rating(s)                        | Instrum             | ent Rating(s)                        | )                           | Instructo     | r Rating(s)                  |              |                          |             |
| (Check all that apply)  | (Check all that ap                  | oply)                              | (Check al           | l that apply)                        |                             | (Check all    | that apply)                  |              |                          |             |
| None<br>Single Engine Lond  | None                                |                                    | None                |                                      |                             | None          | 0: 1 F                       |              | Instrument               |             |
| Single-Engine Land<br>Single-Engine Sea                                       | Airship<br>Balloon                  |                                    | Airpla<br>Helico    |                                      |                             |               | e Single-Eng<br>e Multi-Engi |              | Instrument<br>Helicopter | Helicopter  |
| Multiengine Land  | Glider                              |                                    |                     | ed Lift                              |                             | Gyropla       | ane                          |              | Glider                   |             |
| Multiengine Sea   | Gyroplane<br>Helicopter             |                                    |                     |                                      |                             | Powere        | d Lift                       |              | Sport                    |             |
|   | Powered Lift                        |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Type Ratings  |                                     |                                    |                     |                                      |                             | Student H     | Endorsemen                   | nts (Include | dates)                   |             |
|   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
|   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
|   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
|   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
|   |                                     |                                    |                     | r                                    | 1                           |               |                              | r            | T                        | 1           |
| Flight Time (Enter appropria  | te All                              | This Make                          | Airplane<br>Single  | Airplane                             |                             | Inst          | rument                       |              |                          | Lighter     |
| number of hours in each box)  | Aircraft                            | & Model                            | Engine              | Multiengine                          | Night                       | Actual        | Simulated                    | Rotorcraft   | Glider                   | Than Air    |
| Total Time  |                                     |                                    |                     |                                      |                             | _             |                              |              |                          |             |
| Pilot in Command (PIC)  | -                                   |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Time as Instructor  |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
| This Make/Model   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Last 90 Days  |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Last 30 Days  | + +                                 |                                    |                     |                                      |                             |               |                              |              |                          |             |
| Last 24 Hours   |                                     |                                    |                     |                                      |                             |               |                              |              |                          |             |

| <b>"FLIGHT CREWMEN</b>                                 | IBER 2" INFO            | RMATIC         | N                  |               |                               |                 |                              |               |                            |           |
|--|-------------------------|----------------|--------------------|---------------|-------------------------------|-----------------|------------------------------|---------------|----------------------------|-----------|
| "Flight Crewmember 2" Re                               | esponsibilities at th   | e Time of      | Accident/Inci      | ident         |                               |                 |                              |               |                            |           |
| Pilot Co-Pilot   | Student Pilot           | Flight In      | structor           | Check Pilot   | Flig                          | ght Engineer    | Other I                      | Flight Crew   |                            |           |
| "Flight Crewmember 2" wa                               | as pilot flying         | Yes            | No                 |               |                               |                 |                              |               |                            |           |
| "Flight Crewmember 2" Id                               | entification            |                |                    |               |                               |                 |                              |               |                            |           |
| First Name:  |                         |                |                    | Cit           | ty of Re                      | esidence:       |                              |               |                            |           |
| Middle Initial:  |                         |                |                    |               | ate:                          |                 | Z                            | IP:           |                            |           |
| Last Name:   |                         |                |                    |               |                               |                 |                              |               |                            |           |
|  | Accident/Incident:      |                |                    |               |                               |                 |                              |               |                            |           |
| Age at time of   |                         |                | tificate Numb      |               |                               |                 |                              |               |                            |           |
| Degree of Injury                                       | Seat Occupied           |                |                    |               | traint T                      | vne             |                              |               | Inflatable R               | ostraints |
| None Fatal   | Left                    | Front          | Unknow             |               |                               |                 | Unad                         |               |                            |           |
| Minor Unknown<br>Serious                               | Right<br>Center         | Rear<br>Single |                    | F             | <b>Availab</b><br>None<br>Lap | e               | Used<br>None<br>Lap only     | 47            | Not Inst<br>Installed      |           |
| Pilot Certificate(s) (Check a                          | ll that apply)          |                |                    |               | 3-po                          | 2               | 3-point                      | y             | Not Dep                    |           |
|  |                         | mmercial       | US Mil             | itary         | 4-po                          |                 | 4-point                      |               | Deploye                    |           |
| Private Recrea   |                         | line Transpo   |                    | 1             | 5-po<br>Unki                  | int<br>nown     | 5-point<br>Unknow            | vn            | Unknov                     | vn        |
| Student Sport  | FII                     | ght Engineer   | Ī                  |               |                               |                 |                              |               |                            |           |
| Principal Occupation                                   | Medical Certificat      | e              |                    | Med           | lical Ce                      | ertificate Va   | lidity                       | ]             | Date of Las                | t Medical |
| Pilot  |                         | lass 3         |                    |               |                               | mitations/waiv  |                              | nknown        |                            |           |
| Other  |                         | river's Licer  | nse (Sport Pilot   |               | /ith limit<br>pecial Is:      | tations/waivers | s N                          | /A            | mm/dd/yyyy                 |           |
| Unknown Medical Certificate Limitat                    | 01000 2                 | likilowii      |                    | 5             | pecial is:                    | suance          |                              |               |                            | <i>))</i> |
| Medical Certificate Special                            | Issuance                |                |                    |               |                               |                 |                              |               |                            |           |
| Date of Last Flight Review<br>or Equivalent, Including |                         | -              | Review Airci       |               |                               |                 |                              |               |                            |           |
| FAR 121/135 Checks:                                    | mm/dd/yyyy              |                |                    |               |                               |                 |                              |               |                            |           |
| Airplane Rating(s)                                     | Other Aircraft H        |                |                    | ent Rating(s) |                               | Instructor      | Rating(s)                    |               |                            |           |
| (Check all that apply)                                 | (Check all that app     |                |                    | that apply)   |                               | (Check all th   |                              |               |                            |           |
| None   | None                    |                | None               |               |                               | None            |                              |               | Instrument A               |           |
| Single-Engine Land<br>Single-Engine Sea                | Airship<br>Balloon      |                | Airplar<br>Helicor |               |                               |                 | Single-Engin<br>Multi-Engine |               | Instrument H<br>Helicopter | elicopter |
| Multiengine Land                                       | Glider                  |                | Powere             |               |                               | Gyroplan        | ie                           |               | Glider                     |           |
| Multiengine Sea  | Gyroplane<br>Helicopter |                |                    |               |                               | Powered         | Lift                         |               | Sport                      |           |
|  | Powered Lift            |                |                    |               |                               |                 |                              |               |                            |           |
| Type Ratings   |                         |                |                    |               |                               | Student Er      | ndorsement                   | ts (Include d | ates)                      |           |
|  |                         |                |                    |               |                               |                 |                              |               |                            |           |
|  |                         |                |                    |               |                               |                 |                              |               |                            |           |
|  |                         |                |                    |               |                               |                 |                              |               |                            |           |
|  |                         |                |                    |               |                               |                 |                              |               |                            |           |
|  |                         |                | Airplane           |               |                               |                 |                              |               |                            |           |
| Flight Time (Enter appropria                           |                         | This Make      | Single             | Airplane      |                               |                 | rument                       |               |                            | Lighter   |
| number of hours in each box)                           | Aircraft                | & Model        | Engine             | Multiengine   | Night                         | t Actual        | Simulated                    | Rotorcraft    | Glider                     | Than Air  |
| Total Time<br>Pilot in Command (PIC)                   |                         |                |                    |               | +                             |                 | +                            | +             | +                          |           |
| Time as Instructor                                     |                         |                |                    |               |                               |                 |                              |               |                            |           |
| This Make/Model  |                         |                |                    |               |                               |                 |                              |               |                            |           |
| Last 90 Days   |                         |                |                    |               |                               |                 |                              |               |                            |           |
| Last 30 Days   |                         |                |                    |               |                               |                 |                              |               |                            |           |
| Last 24 Hours  |                         |                |                    |               |                               |                 | 1                            | 1             | 1                          | 1         |
|  |                         |                |                    |               |                               |                 | 1                            | 1             |                            | 1         |

| ADDITIONAL FLI   |  | MBERS (E  | Exclusive                            | e of cabin cr  | ew, complete  | e the followin  | g information)   |   |   |  |
|--|--|---|--------------------------------------|--|---|---|--|---|---|--|
| Crew Name and Add  | lress  |   |                                      |  |   |   | Seat Occupie   | d   | Injury  |  |
| First Name:  |  | City o  | of Resider                           | nce:   |   |   | Left   | Front   | None  |  |
| Middle Initial:  | itial: State: ZIP:   |   |                                      |  |   | Center<br>Right   | Rear<br>Single   | Minor<br>Serious  |   |  |
| Last Name:   |  | Country:  |                                      |  |   |   | 8  | Unknown   | Fatal   |  |
|  |  |   |                                      |  |   |   |  |   | Unknown   |  |
| Pilot Certificate(s) (   | Check all that apply)  |   |                                      |  |   |   | Restraint Tyj<br>Available   | pe:<br>Used   | Inflatable<br>Restraints  |  |
| None   | Flight Instructo   | 1   | Commercial US Military               |  |   |   | None   | None  | Not Installed   |  |
| Private<br>Student   | Recreational Sport   |   | ine Transport Foreign<br>ht Engineer |  |   |   | Lap Only<br>3-point  | Lap Only<br>3-point   | Installed   |  |
| Student Sport Fright Engineer  |  |   |                                      |  | 4-point   | 4-point   | Not Deployed   |   |   |  |
| <b>Type Rating/Endors</b>  | ement for  |   | Total Fl                             | ight Time a  | t the Time  |   | 5-point<br>Unknown   | 5-point<br>Unknown  | Deployed<br>Unknown   |  |
| Accident/Incident A  | ircraft? Yes   | s No  | of this A                            | Accident/Inc   | ident:  | hrs   | Ulkilowii  | Clikilown   |   |  |
| Crew Name and Add  | Iress  |   |                                      |  |   |   | Seat Occupie   | d   | Injury  |  |
| First Name:  |  | City of   | of Resider                           | nce:   |   |   | Left   | Front   | None  |  |
| Middle Initial:  |  |   |                                      |  | ZIP:  |   | Center   | Rear<br>Single  | Minor   |  |
|  |  |   |                                      |  |   |   | Right  | Unknown   | Serious<br>Fatal  |  |
|  |  |   | -                                    |  |   |   |  |   | Unknown   |  |
| Pilot Certificate(s) (   | Check all that apply)  |   |                                      |  |   |   | Restraint Tyj<br>Available   | pe:<br>Used   | Inflatable  |  |
| None   | Flight Instructo   | 1   | mercial                              |  | Military  |   | None   | None  | Restraints  |  |
| Private<br>Student   | Recreational Sport   |   | ne Transp                            |  | reign   |   | Lap Only   | Lap Only  | Not Installed<br>Installed  |  |
| Student Sport Flight Engineer  |  |   |                                      |  |   | 3-point<br>4-point  | 3-point<br>4-point   | Not Deployed  |   |  |
| Type Rating/Endorsement forTotal Flight Time at the Time   |  |   |                                      |  |   | 5-point   | 5-point  | Deployed<br>Unknown   |   |  |
| Accident/Incident Ai   |  |   |                                      |  | dent:   |   | Unknown  | Unknown   | Clikilowi   |  |
|  |  |   |                                      |  |   |   |  |   |   |  |
| TASSENCEN(S)   |  |   | nciuae c                             | abin crew; c   | ontinue on s  | eparate shee  | t if necessary)  | Lefterelle  |   |  |
| Name and Address   | OTTER FERS   |   | nciude c                             | abin crew; c<br>Seat   | ontinue on s<br>Injury  | Restraint T   | уре  | Inflatable<br>Restraints  | Age   |  |
| Name and Address   |  |   |                                      | Seat   | Injury  | Restraint T<br>Available  | Type<br>Used   | Restraints  |   |  |
| Name and Address   | City :   |   |                                      | <b>Seat</b><br>Left  | <b>Injury</b><br>None   | Restraint T   | <b>ype</b><br>Used<br>None   | Restraints Not Installed  | Age Under 5 years   |  |
| Name and Address First Name: Middle Initial:   | City :<br>State:   | _ ZIP:  |                                      | Seat<br>Left<br>Center<br>Right  | Injury<br>None<br>Minor<br>Serious  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point   | <b>Yype</b><br>Used<br>None<br>Lap Only<br>3-point   | Restraints<br>Not Installed<br>Installed<br>Not Deployed  | Under 5 years   |  |
| Name and Address First Name: Middle Initial: Last Name:  | City :<br>State:<br>Country:   | _ ZIP:  |                                      | Seat<br>Left<br>Center<br>Right<br>Unknown   | Injury<br>None<br>Minor<br>Serious<br>Fatal   | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point  | <b>Yype</b><br>Used<br>None<br>Lap Only  | Restraints<br>Not Installed<br>Installed  | Under 5 years<br>I <i>If Under 5</i> ,<br>Child Restraint   |  |
| Name and Address First Name: Middle Initial:   | City :<br>State:   | _ ZIP:  |                                      | Seat<br>Left<br>Center<br>Right  | Injury<br>None<br>Minor<br>Serious  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point  | <b>Yype</b><br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point   | Restraints<br>Not Installed<br>Installed<br>Not Deployed<br>Deployed  | Under 5 years   |  |
| Name and Address First Name: Middle Initial: Last Name: Crew   | City :<br>State:<br>Country:<br>Passenger  | _ ZIP:<br>Oth                                   | <br><br>her                          | Seat<br>Left<br>Center<br>Right<br>Unknown   | Injury<br>None<br>Minor<br>Serious<br>Fatal   | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available   | Ype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used  | Restraints<br>Not Installed<br>Installed<br>Not Deployed<br>Deployed  | Under 5 years<br>I <i>If Under 5,</i><br>Child Restraint<br>Lap-Held  |  |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name:   | City :<br>State:<br>Country:<br>Passenger<br>City :  | _ ZIP:<br>Oth                                   | <br>                                 | Seat<br>Left<br>Center<br>Right<br>Unknown<br>Row:<br>Left   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown  | Ype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None  | Restraints Not Installed Installed Not Deployed Unknown Not Installed   | Under 5 years<br>I <i>If Under 5,</i><br>Child Restraint<br>Lap-Held  |  |
| Name and Address  First Name:  Middle Initial: Last Name:  Crew  First Name: Middle Initial:   | City :<br>State:<br>Country:<br>Passenger<br>City :<br>State:  | _ ZIP:<br>Oth                                   |                                      | Seat<br>Left<br>Center<br>Right<br>Unknown<br>Row:   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point  | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point  | Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years   |  |
| Name and Address First Name: Middle Initial: Last Name: Crew First Name:   | City :<br>State:<br>Passenger<br>City :<br>City :<br>State:  | _ ZIP:<br>Oth                                   | ner                                  | Seat<br>Left<br>Center<br>Right<br>Unknown<br>Row:<br>Left<br>Center   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal   | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point   | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point   | Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Deployed   | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint   |  |
| Name and Address  First Name:  Middle Initial: Last Name:  Crew  First Name: Middle Initial:   | City :<br>State:<br>Country:<br>Passenger<br>City :<br>State:  | _ ZIP:<br>Oth                                   | ner                                  | Seat<br>Left<br>Center<br>Right<br>Unknown<br>Row:<br>Left<br>Center<br>Right  | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point  | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point  | Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,  |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         Crew         Crew         Crew         Crew         Crew  | City :<br>State:<br>Country:<br>Passenger<br>City :<br>State:<br>Country:<br>Passenger   | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth                  | ner                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row:   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available  | Yppe<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Unknown  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown  |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Crew         First Name:         Crew         First Name:         Crew         First Name:  | City :<br>State:<br>Country:<br>Passenger<br>City :<br>State:<br>Country:<br>Passenger<br>City :   | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth                  | ner                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Left   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | ype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None  | Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Not Installed Not Deployed Unknown Not Installed   | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held   |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Middle Initial:   | City :<br>State:<br>Passenger<br>City :<br>City :<br>State:<br>Passenger<br>City :<br>State:   | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth                  | ler<br>                              | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Left Center Right   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point   | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point  | Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Not Installed Not Deployed Not Installed Not Deployed | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years   |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Last Name:         Last Name:         Last Name:         Middle Initial:         Last Name:   | City :           State:           Country:           Passenger           City :           State:           Country:           Passenger              State:           Passenger              State:           Passenger              State:              State:           Country: | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth<br>_ ZIP:        | ler                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal                                 | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>4-point<br>5-point<br>4-point<br>5-point<br>4-point<br>4-point<br>5-point<br>4-point<br>4-point<br>5-point<br>4-point<br>4-point<br>5-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4-point<br>4- | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only   | Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed   | Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br><i>If Under 5,</i><br>Child Restraint<br>Lap-Held<br>Unknown   |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Middle Initial:   | City :<br>State:<br>Passenger<br>City :<br>City :<br>State:<br>Passenger<br>City :<br>State:   | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth                  | ler                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Left Center Right   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown  | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown  | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Restraints Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown  |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Last Name:         Last Name:         Last Name:         Middle Initial:         Last Name:   | City :<br>State:<br>Passenger<br>City :<br>City :<br>State:<br>Passenger<br>City :<br>State:<br>Country:<br>Passenger  | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth<br>_ ZIP:        | ner                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:  | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown                      | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>5-point<br>4-point<br>5-point  | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Restraints Not Installed Installed Not Deployed Unknown  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown  |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Crew         First Name:         Crew         First Name:         Crew         First Name:         Crew         Crew  | City :           State:           Country:           Passenger           City :           City :           Passenger           City :           Passenger           City :           Country:           Passenger           City :           Passenger                             | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth<br>_ ZIP:<br>Oth | her                                  | Seat Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown   | Injury<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal<br>Unknown<br>None<br>Minor<br>Serious<br>Fatal                                 | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Restraints         Not Installed         Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown         Not Installed         Not Installed         Not Installed         Not Installed         Not Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>Under 5 years |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Crew   | City :         State:         City :         City :         Country:         Passenger         City :         City :         State:         Country:         Passenger         City :         Passenger         City :         City :         State:         City :         State: | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth<br>_ ZIP:<br>Oth | ner                                  | Seat Left Center Right Unknown Row: Left Center Right Left Center Right | Injury None Minor Serious Fatal Unknown | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Restraints         Not Installed         Installed         Not Deployed         Deployed         Unknown         Not Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown         Not Installed         Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown         Not Installed         Not Installed         Not Installed         Not Installed         Not Installed         Not Deployed   | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown   |  |
| Name and Address         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Last Name:         Crew         First Name:         Middle Initial:         Middle Initial: | City :         State:         City :         City :         Country:         Passenger         City :         City :         State:         Country:         Passenger         City :         Passenger         City :         City :         State:         City :         State: | _ ZIP:<br>Oth<br>_ ZIP:<br>Oth<br>_ ZIP:<br>Oth | her                                  | Seat Left Center Right Unknown Row: Left Center                         | Injury None Minor Serious Fatal Unknown | Restraint T<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>4-point<br>5-point<br>Unknown<br>Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown   | Yype<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown<br>Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Restraints         Not Installed         Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown         Not Installed         Not Installed         Not Installed         Not Installed         Not Installed         Not Deployed         Unknown         Not Installed         Not Deployed         Unknown  | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown<br>Under 5 years<br>Under 5 years |  |

| FLIGHT ITINERARY II                                | NFORMATIO               | N                         |                                     |                         |                              |                         |              |             |         |
|--|-------------------------|---------------------------|-------------------------------------|-------------------------|------------------------------|-------------------------|--------------|-------------|---------|
| Last Departure Point                               | Tim                     | e of Departure            | Destination                         | on                      |                              | Type Flight             | Plan Fil     | ed          |         |
| Airport ID:  | T.                      |                           | Airport ID:                         |                         |                              | None                    |              | VFR         | IFR     |
| City:  | 1 ime                   | :                         |                                     |                         |                              | Company V<br>Military V |              | IFR<br>Unkn | own     |
| State:   |                         | Zone:                     |                                     |                         |                              | VFR                     | Î            | Oliki       | lowii   |
| Country:   |                         |                           |                                     |                         |                              | Activated?              | Yes          | No          | Unknown |
| Type of ATC Clearance/Serv                         |                         | apply)                    |                                     |                         |                              |                         |              |             |         |
| None   | Special VFR             | Spe                       | cial IFR                            |                         | VFR Flight Foll              | owing                   | Cruise       |             |         |
|  | IFR                     |                           | R On Top                            |                         | Traffic Advisory             | I                       | Unkno        | wn / NA     | 1       |
| Airspace where the accident/                       |                         |                           |                                     |                         |                              |                         | Altitude     | e of In-    | Flight  |
|  | Class G<br>Demo Area    |                           | itary Operations<br>port Advisory A |                         | Special<br>Air Traffic Contr | rol Area                | Occurre      | ence:       | -       |
|  | Warning Area            |                           | Training Area                       | ica                     | Unknown                      | loi Alca                |              |             | ft msl  |
| Class D  | Prohibited Area         | TRS                       |                                     |                         |                              |                         |              |             |         |
|  | Restricted Area         |                           | R 93                                |                         |                              |                         |              |             |         |
| WEATHER INFORMA                                    |                         |                           | T/INCIDEN                           |                         |                              |                         |              |             |         |
| Source of Pilot Weather Info                       | ormation                |                           |                                     | Weather Obs             | ervation Facility            |                         |              |             |         |
| (Check all that apply)<br>National Weather Service | Com                     | nany                      |                                     | Facility ID:            |                              |                         |              |             |         |
| Flight Service Station                             | Milit                   |                           |                                     | Observation Tim         | ne:                          |                         |              |             |         |
| TV/Radio   | Inter                   |                           |                                     | Time Zone:              |                              |                         |              |             |         |
| Automated Report<br>Commercial Weather Service (   | (DUATS) None            |                           |                                     | Distance from A         | .ccident Site:               |                         | nm           |             |         |
| On-Board Weather                                   | (DOMIS) UIK             | lowii                     |                                     | Direction from A        | Accident Site:               |                         | degrees tr   | ue          |         |
| <b>Basic Conditions</b>                            |                         | Light Conditi             | ion                                 |                         |                              |                         |              |             |         |
| VMC  |                         | Dawn                      | Dusk                                |                         | 0                            | iknown                  |              |             |         |
| IMC<br>University                                  |                         | Day                       | Night                               | Brigh                   | t Night                      |                         |              |             |         |
| Unknown  | -                       | Ceiling                   |                                     |                         | -                            |                         |              |             |         |
| Sky/Lowest Cloud Condition                         | Thin Broken             | Ceiling<br>None (Clear)   |                                     | Obscured                | Temperature:                 | ((                      | 2) or        |             | _(F)    |
| Few  | Thin Overcast           | Broken                    |                                     | Indefinite              | Dew Point:                   | (C)                     | or           |             | _(F)    |
| Partial Obscuration                                | Unknown                 | Overcast                  |                                     | Unknown                 | Altimeter Sett               | ing:                    | in. He       | 2           |         |
| Scattered<br>Lowest Cloud Condition He             | ight                    | Ceiling Heigh             | +                                   |                         |                              | or                      |              | 5           |         |
|  | -                       | Cennig Heigh              | i t                                 | ft agl                  |                              |                         |              |             |         |
|  | 1                       |                           |                                     |                         |                              |                         |              |             |         |
| Wind Direction                                     | Wind Speed              |                           | Wind Gusts                          | 1                       | Visibility                   |                         | _ miles      |             |         |
| Variable   | Calm                    |                           | Not Gustin                          | ng                      | RVR                          | :                       | feet         |             |         |
| -or-   | Light and Varia<br>-or- | ible                      | -0r-                                |                         | RVV                          | :                       | _miles       |             |         |
| Direction: degrees true                            | Speed:                  | kts                       | Speed:                              | kts                     | Density Altitu               |                         |              | ft          |         |
| Intensity of Precipitation                         | Type of Precipit        | ation (Check all t        | hat apply)                          |                         | Restriction to               |                         | eck all tha  | t apply)    |         |
| Light  | None                    | Drizzle                   | Freezin                             | g Rain                  | None                         | Fo                      |              | ·········   |         |
| Moderate   | Rain                    | Ice Pellets               | Snow S                              |                         | Blowing Du                   |                         | ound Fog     |             |         |
| Heavy<br>N/A                                       | Snow<br>Hail            | Snow Pellet<br>Snow Grain |                                     | ets Shower<br>g Drizzle | Blowing Sa<br>Blowing Sn     |                         | ize<br>e Fog |             |         |
| Unknown  | Rain Showers            | Ice Crystals              |                                     |                         | Blowing Sp                   |                         | noke         |             |         |
|  |                         |                           |                                     |                         | Dust                         | Ur                      | nknown       |             |         |
| Icing Forecast                                     |                         | Icing Actual              |                                     |                         | Turbulence                   |                         |              |             |         |
| AmountTypeNoneN/A                                  |                         | Amount<br>None            | Type<br>N/A                         |                         | Type (Check a<br>None        | ll that apply)          | Seve         | rity<br>ght |         |
| Trace Rime   |                         | Trace                     | Rime                                | 2                       | Clear Air                    |                         |              | oderate     |         |
| Light Clear  |                         | Light                     | Clear                               |                         | Terrain-Indu                 |                         |              | evere       |         |
| Moderate Mixed<br>Severe Unknown                   | n                       | Moderate<br>Severe        | Mixe                                | ed<br>10wn              | Convective                   | Turbulence              | Ех           | treme       |         |
| Unknown  | 11                      | Unknown                   | Clini                               | 10 10 11                |                              |                         |              |             |         |
| NOTAMs (D and FDC), A                              | IDMET <sub>6</sub> SICN | IFT <sub>e</sub> DIDFD    | in offoot at                        | the time of the         | a aggidant/ingi              | dont:                   |              |             |         |
| TIOTAIUS (D'allu FDC), A                           |                         | 112 I 3, I INEPS          | s in criect al                      | the time of the         | с астисни/шен                | uent.                   |              |             |         |
|  |                         |                           |                                     |                         |                              |                         |              |             |         |
|  |                         |                           |                                     |                         |                              |                         |              |             |         |
|  |                         |                           |                                     |                         |                              |                         |              |             |         |
|  |                         |                           |                                     |                         |                              |                         |              |             |         |

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage None

Minor

Substantial Destroyed Unknown Aircraft Fire None In-Flight On-Ground

Both Ground and In-Flight Fire at Unknown Time Unknown Aircraft Explosion None In-Flight On-Ground

Both Ground and In-Flight Explosion at Unknown Time Unknown

**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

## 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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

| <b>RECOMMENDATION</b> (How  | v could this accid | ent/incident hav | ve been prev    | vented?)    |                    |                        |  |
|---|--------------------|------------------|-----------------|-------------|--------------------|------------------------|--|
| Operator/Owner Safety Recomm  |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
| MECHANICAL MALFU  |                    |                  |                 | and and     |                    |                        |  |
| Was there Mechanical Malfun   |                    | Yes No           | e space is n    | eeded, com  | inue on separa     | ale sheel)             | Total Time/Cycles                            |
| (If yes, list the name of the part, man   |                    |                  | cribe the failu | re.)        |                    |                        | On Part                                      |
|   |                    |                  |                 |             |                    |                        | Hours  |
|   |                    |                  |                 |             |                    |                        | Cycles                                       |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        | Time Since This Part<br>Inspected/Overhauled |
|   |                    |                  |                 |             |                    |                        | Inspected/Over nauleu                        |
|   |                    |                  |                 |             |                    |                        | Hours  |
|   |                    |                  |                 |             |                    |                        |  |
| FUEL & SERVICES INF   |                    |                  |                 |             |                    |                        |  |
| Fuel on Board at Last Takeoff<br>(Convert from pounds, as necessary)  |                    | el Type<br>30/87 | 115/145         |             | Jet B              | Other specif           | ý  |
|   | Callana            | 100 Low Lead     | Jet A           |             | JP8                | other, speen           | <i>y</i>                                     |
| Other Services, if Any, Prior to  |                    | 100/130          | Jet A-1         |             | Automotive         |                        |  |
| Other Services, if Ally, Frior u  | Departure          |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
| EVACUATION OF AIRC  | RAFT               |                  |                 |             |                    |                        |  |
| Was an emergency evacuation   | of the aircraft pe | erformed?        | Yes             | No          |                    |                        |  |
| Method of Exit – Describe how   | the occupants exi  | ted and how man  | ny occupants    | s evacuated | each location      |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
|   |                    |                  |                 |             |                    |                        |  |
| OTHER AIRCRAFT – C  | OLLISION (If       | air or ground c  | ollision occ    | urred, com  | plete this section | on for <i>other</i> ai | rcraft)                                      |
| Aircraft Registration Number  | Manufacturer:      |                  |                 |             |                    |                        | Damage to Other Aircraft                     |
|   | Model:             |                  |                 |             |                    |                        | Destroyed Minor<br>Substantial None          |
| Registered Owner of Other Air   | rcraft             |                  |                 | Pilot of O  | ther Aircraft      |                        |  |
| Name:   |                    |                  |                 | Name:       |                    |                        |  |
| City:ZIP: |                    |                  |                 | City:       |                    |                        |  |
|   |                    |                  |                 | State:      |                    | _ZIP:                  |  |

## 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 A | ACCURATE TO THE BEST OF MY KNOWLEDGE |
|---|--------------------------------------|
|---|--------------------------------------|

| Date of this Report   | Name of Pilot/Operator:   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| mm/dd/yyyy  | Signature:         or         Check here to electronically sign this document |  |  |  |  |  |  |  |  |  |  |
| If a Person Other than Pilot/Operator is Filing Report  |   |  |  |  |  |  |  |  |  |  |  |
| Name: Title:  |   |  |  |  |  |  |  |  |  |  |  |
| Signature:  |   |  |  |  |  |  |  |  |  |  |  |
| or Check here to electronically sign this document  |   |  |  |  |  |  |  |  |  |  |  |
| FOR NTSB USE ONLY   |   |  |  |  |  |  |  |  |  |  |  |
| NTSB Accident/Incident No.       Reviewed by NTSB Regional Office       Name of Investigator       Date Report Record |   |  |  |  |  |  |  |  |  |  |  |