

**NATIONAL TRANSPORTATION SAFETY BOARD
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>WECOR</u>	State: <u>AR</u>	Date: <u>10/14/2013</u>	Local Time: <u>5:00 PM</u>
ZIP: _____	Country: <u>USA</u>	<small>mm/dd/yyyy</small>	Time Zone: <u>CENTRAL</u>
Latitude: _____	(dd:mm:ss N/S) Longitude: _____	(ddd:mm:ss E/W)	

Phase of Operation		Collision with Other Aircraft	Altitude of In-Flight Occurrence
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input checked="" type="checkbox"/> Cruise	<u>9,000</u> ft MSL
<input type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input type="checkbox"/> Midair	
<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> On-ground	
	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Other	
	<input type="checkbox"/> Approach	<input checked="" type="checkbox"/> None	

AIRCRAFT INFORMATION

Manufacturer: <u>PIPER</u>	Max Gross Weight: <u>3789</u> lbs
Model: <u>PA 32R 300</u>	Weight at Time of Accident/Incident: <u>3490</u> lbs
Serial Number: _____	Location of Center of Gravity at Time of Accident/Incident:
Registration Number: <u>N560SV</u>	Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No
	____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft	Type of Airworthiness Certificate <small>(Check all that apply)</small>	Number of Seats: <u>6</u>	Landing Gear <input checked="" type="checkbox"/> Retractable
<input checked="" type="checkbox"/> Airplane	Standard	If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Check any additional landing gear configuration that applies:
<input type="checkbox"/> Balloon	<input checked="" type="checkbox"/> Normal		<input checked="" type="checkbox"/> Tricycle
<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Utility		<input type="checkbox"/> Amphibian
<input type="checkbox"/> Glider	<input type="checkbox"/> Acrobatic		<input type="checkbox"/> Emergency Float
<input type="checkbox"/> Gyrocraft	<input type="checkbox"/> Transport		<input type="checkbox"/> Float
<input type="checkbox"/> Helicopter			<input type="checkbox"/> Hull
<input type="checkbox"/> Powered lift			<input type="checkbox"/> Unknown
<input type="checkbox"/> Ultralight			<input type="checkbox"/> High Skid
<input type="checkbox"/> Unknown			<input type="checkbox"/> Skid
			<input type="checkbox"/> Ski
			<input type="checkbox"/> Ski/Wheel

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>4/24/13</u>
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 100 Hour	<small>mm/dd/yyyy</small>
<input type="checkbox"/> Conditional (Amateur-built only)	<input type="checkbox"/> Continuous Airworthiness	
<input type="checkbox"/> Manufacturer's Inspection Program	<input type="checkbox"/> AAIP	Airframe Total Time: <u>6948</u> hrs
<input type="checkbox"/> Other Approved Inspection Program (AAIP)	<input checked="" type="checkbox"/> Annual	hour measured at (check one)
<input type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Conditional Inspection	<input checked="" type="checkbox"/> Last Inspection
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> Time of Accident/Incident

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

ELT Installed	ELT Activated	ELT Manufacturer: _____
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Model/Series: <u>ELT 1010</u>
ELT Aided in Locating Accident/Incident		Serial Number: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Battery Type: <u>BP-1010</u>
		Battery Exp. Date: <u>JUN 15</u>

Engine Type	Reciprocating Fuel System Type	Propeller <u>SN PA 294B</u>
<input checked="" type="checkbox"/> Reciprocating	<input type="checkbox"/> Turbo Jet	<input type="checkbox"/> Fixed Pitch
<input type="checkbox"/> Turbo Shaft	<input type="checkbox"/> Turbo Fan	<input checked="" type="checkbox"/> Controllable Pitch
<input type="checkbox"/> Turbo Prop	<input type="checkbox"/> Unknown	Manufacturer: <u>HARTZELL</u>
	<input checked="" type="checkbox"/> Carburetor	Model: <u>HC-C342-1RF/F7663R</u>
	<input checked="" type="checkbox"/> Fuel Injected	

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm dd yyyy</small>	Engine Rated Power Measured as (check one)	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>I0540 K1650</u>	<u>L15772-48</u>	<u>7/3/01</u>	<input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	<u>300</u>	<u>12</u>	<u>900</u>
Eng. 2								<u>1390</u>
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Baxter Flying, INC
 Fractional Ownership Aircraft: Yes No

Owner Address
 City: MOUNTAIN HOME
 State: AR ZIP: 72653
 Country: USA

Operator of Aircraft Same As Registered Owner
 Name: Lewis Brant Barnes
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Operator Address Same As Registered Owner
 City: FYV
 State: AR ZIP: 72102
 Country: USA

Regulation Flight Conducted Under
 FAR 91 FAR 129 FAR 91 Special Flight Public Use (select type)
 FAR 103 FAR 133 Non-US, Commercial Federal State Local
 FAR 121 FAR 135 Non-US, Non-commercial Unknown
 FAR 125 FAR 137 Armed Forces

Revenue Sightseeing Flight
 Yes No

Air Medical Flight
 Yes No

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
 Personal
 Business
 Executive/Corporate
 Other Work Use
 Instructional
 Ferry
 Positioning
 Aerial Application
 Aerial Observation
 Air Drop
 Air Race / Show
 Flight Test
 Public Use
 Unknown

Revenue Operation for FAR 121, 125, 129, 135 (Select one)
 Scheduled or Commuter
 Non-Scheduled or Air Taxi

Domestic or International
 Domestic International

Cargo Operation
 Passenger/Cargo
 Passenger _____ How many?
 Cargo _____ lbs
 Mail

Type of Commercial Operating Certificate Held (Check all that apply)
 None
 Flag Carrier Operating Certificate (121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (129)
 Commuter Air Carrier (135)
 On-Demand Air Taxi (135)
 Large Helicopter (127)
 Rotorcraft External Load (133)
 - or -
 Agricultural Aircraft (137)
 Other Operator of Large Aircraft

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number: N56054 Manufacturer: _____ Model: _____

Damage to Other Aircraft
 Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/failure? Yes No Unknown
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)
ENGINE froze in flight

Total Time/Cycles On Part
 _____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled
 _____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
 None Substantial
 Minor Destroyed

Aircraft Fire
 None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion
 None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location <p style="text-align: center;">Scramble</p>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>T</u> Observation Time: Time Zone: <u>Central</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	
Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height <u>10,000</u> ft AGL		Ceiling Height <u>10,000</u> ft AGL	
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable		Wind Speed Velocity: _____ KTS -or- <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting		Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm	
NOTAMS (D, L and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident <p style="text-align: center;">N/A</p>			
Temperature: _____ (C) or _____ (F) Atmosphere Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
		Icing Actual Amount: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type: <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellet Shower <input type="checkbox"/> Freezing Drizzle			
Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			

AIRPORT INFORMATION - If the accident/incident occurred on approach, takeoff or within 5 miles of an airport, complete this section			
Airport Identifier: <u>N/A</u>			
Airport Name: _____		Distance From Airport Center: _____ SM	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Direction From Airport: _____ degrees MAG	
Approach Segment (Select one) <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)		Airport Elevation: _____ ft. MSL	
IFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV		VFR Approach (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface (Check all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>EVV</u> City: <u>Evansville</u> State: <u>IN</u> Country: <u>USA</u>		Time of Departure Time: <u>1615</u> Time Zone: <u>Central</u>	
Destination Airport ID: <u>LTA</u> City: <u>Tombala</u> State: <u>MS</u> Country: <u>USA</u>		Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff (convert from pounds, as necessary) <u>85</u> Gallons		Fuel Type <input checked="" type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
Other Services, if Any, Prior to Departure			

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>Lewis</u> City: [REDACTED] Middle Initial: <u>B</u> State: [REDACTED] Last Name: <u>BARNES</u> Country: [REDACTED] Age at time of Accident/Incident: <u>34</u> Date of Birth: [REDACTED] Certificate Number: [REDACTED] <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>																																																																																																				
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown				Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			Date of Last Medical <u>7/10/13</u> <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div>																																																																																											
Medical Certificate Limitations <div style="text-align: center; font-size: 2em; font-family: cursive;">None</div>																																																																																																				
Medical Certificate Waivers <div style="text-align: center; font-size: 2em; font-family: cursive;">None</div>																																																																																																				
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: <u>6/14/12</u> <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div>				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</u>																																																																																																
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
Type Ratings						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>600</td> <td>198</td> <td>610</td> <td></td> <td>150</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>610</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>42</td> <td>38</td> <td>38</td> <td></td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>18</td> <td>5</td> <td>5</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.1</td> <td>1.1</td> <td>1.1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	600	198	610		150						Pilot in Command (PIC)	610										Time as Instructor											This Make/Model											Last 90 Days	42	38	38		8						Last 30 Days	18	5	5		1						Last 24 Hours	1.1	1.1	1.1							
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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Time as Instructor																																																																																																				
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Last 90 Days	42	38	38		8																																																																																															
Last 30 Days	18	5	5		1																																																																																															
Last 24 Hours	1.1	1.1	1.1																																																																																																	

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address First Name: <u>NA</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non- Revenue	Revenue	Non- Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Heath</u> City: _____ Middle Initial: _____ State: _____ Last Name: <u>STANLEY</u> Country: <u>USA</u>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: <u>ROSS</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, Lewis Barnes flew to FYV from BPK to pick up Brant Barnes, Heath Stanly and Ross after preflight we were headed to UTA. I had a briefing from Proflight and Brant had one also. I filed an IFR flight plan so I could observe Brant working on his instruments. There was a light mist but we had 10 mile visibility and the ceiling was 10,000 feet. We had a normal takeoff from FYV, runway 16. I had filed for 5,000 but we decided that the winds were better at 9,000. I noticed a slight vibration on climb. When we reached 9,000 the aircraft would only true out at 135 KTS, normal is 155. The vibration got worse and we tried to lean the engine to see if there might be carbon on the injectors. Then the vibration worsened and in a matter of minutes the engine started knocking and the prop abruptly stopped. We told center of engine out and determined that RUE was 198 degrees and 21 miles (garmin 530). We turned to 198 degrees and Brant set the aircraft at 80KTS. We determined we couldn't make RUE but to the south was the Arkansas River Valley and better than the National Forest. We spotted a road of about 1100 ft and descended over the power lines on the north side of the road, but what we didn't see until we turned final was a communication cable crossing the road at about 15 feet. It had been obstructed by a tree also on the north side of the road. We didn't pull up to avoid stalling, we hit the wire and it gashed the left wing and stuck in it. The aircraft pulled the wire from both poles but when we touched down the cable became taught from the pole to the west and caused the aircraft to go abruptly to the left and we hit a corner post of a fence at the wing root of the right wing. The back door jammed and after shutting off the main power switch, we all four exited the front door. We scrambled as fast as we could as both fuel tanks were leaking. We then notified FSS by cell phone.