

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**

Name: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held*(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- | | | |
|----------------------------------|---------|---------|
| <input type="checkbox"/> FAR 91 | FAR 129 | FAR 415 |
| <input type="checkbox"/> FAR 103 | FAR 133 | FAR 431 |
| <input type="checkbox"/> FAR 121 | FAR 135 | FAR 435 |
| <input type="checkbox"/> FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)

- Armed Forces
- Federal
- State
- Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- | | |
|---|--|
| <input type="checkbox"/> Scheduled or Commuter
Non-Scheduled or Air Taxi | <input type="checkbox"/> Domestic
International |
| <input type="checkbox"/> Passenger
Cargo
Mail Contract Only | |

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

- | | | |
|--|----------------|---------|
| <input type="checkbox"/> Aerial Application | Firefighting | Unknown |
| <input type="checkbox"/> Aerial Observation | Flight Test | |
| <input type="checkbox"/> Air Drop | Glider Tow | |
| <input type="checkbox"/> Air Race/Show | Instructional | |
| <input type="checkbox"/> Banner Tow | Other Work Use | |
| <input type="checkbox"/> Business | Personal | |
| <input type="checkbox"/> Executive/Corporate | Positioning | |
| <input type="checkbox"/> External Load | Skydiving | |
| <input type="checkbox"/> Ferry | | |

Revenue Sightseeing FlightYes No **Air Medical Flight**Yes No **AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Grass/Turf | <input type="checkbox"/> Macadam | <input type="checkbox"/> Water |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Metal/Wood | |
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Ice | <input type="checkbox"/> Snow | <input type="checkbox"/> Unknown |

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"/> Holes | <input type="checkbox"/> Snow-Crusted | <input type="checkbox"/> Water-Choppy |
| <input type="checkbox"/> Ice Covered | <input type="checkbox"/> Snow-Dry | <input type="checkbox"/> Water-Glassy |
| <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"/> Slush-Covered | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|---|--|-----------------------------------|--|---|
| <input type="checkbox"/> Taxi
Takeoff
Initial Climb | VFR Departure
IFR Departure Procedure/Clearance | On Instrument Approach
Landing | Downwind
Base
Final
Crosswind | Low Approach
Go Around
Aborted Landing (after touchdown)
Unknown |
|---|--|-----------------------------------|--|---|

IFR Approach (Check all that apply)

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew

"Flight Crewmember 2" was pilot flying
 Yes
 No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*
 Certificate Number: _____

Degree of Injury <input type="checkbox"/> None Fatal Minor Unknown Serious	Seat Occupied <input type="checkbox"/> Left Front Unknown Right Rear Center Single	Restraint Type Available <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown Used <input type="checkbox"/> None Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer			
Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ <i>mm/dd/yyyy</i>

Medical Certificate Limitations

Medical Certificate Special Issuance

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

Flight Review Aircraft

Make: _____
 Model: _____

Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
---	--	--	---

Type Ratings

Student Endorsements *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <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	
Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <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	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Front Rear Single Unknown	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply)		Restraint Type:	
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <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 cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew Passenger Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew Passenger Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew Passenger Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="checkbox"/> Crew Passenger Other	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KRPH</u> City: <u>Graham</u> State: <u>Texas</u> Country: <u>United States</u>	Time of Departure Time: <u>~08:40</u> Time Zone: <u>CDT</u>	Destination Airport ID: <u>KAFW</u> City: <u>Fort Worth</u> State: <u>Texas</u> Country: <u>United States</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None VFR/IFR <input type="checkbox"/> Company VFR IFR <input type="checkbox"/> Military VFR Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes No Unknown
---	--	--	---

Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input checked="" type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input 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 type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>3,500</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input checked="" type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: <u>KRPH ASOS</u> Observation Time: _____ Time Zone: <u>CDT</u> Distance from Accident Site: <u>35</u> nm Direction from Accident Site: <u>93</u> degrees true
<input checked="" type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input checked="" type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

Basic Conditions <input checked="" type="checkbox"/> VMC IMC Unknown	Light Condition <input type="checkbox"/> Dawn Dusk Dark Night Unknown <input type="checkbox"/> Day Night Bright Night
--	---

Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear Thin Broken Few Thin Overcast Partial Obscuration Unknown Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Obscured Broken Indefinite Overcast Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in Hg or _____ MB
--	--	--

Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>090</u> degrees true	Wind Speed <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>3,000</u> ft
--	--	--	--

Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		Restriction to Visibility (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain																											
<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower																											
<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower																											
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle																											
<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals																												
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog																												
<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog																												
<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze																												
<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog																												
<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke																												
<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown																												

Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Turbulence Type (Check all that apply) Severity <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																					
None	N/A																																					
Trace	Rime																																					
Light	Clear																																					
Moderate	Mixed																																					
Severe	Unknown																																					
Unknown																																						
Amount	Type																																					
None	N/A																																					
Trace	Rime																																					
Light	Clear																																					
Moderate	Mixed																																					
Severe	Unknown																																					
Unknown																																						
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light																																					
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																					
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																					
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																					

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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)*

Nose gear collapse
left wing spar bent

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.

Got out to the aircraft at approximately 07:40a LCL to preform the preflight. Visually looked into the fuel tanks where I observed around 3/4 full in both wing tanks. Took-off and proceeded to KRPH from KAFW. After completing 2 touch and goes at KRPH I proceeded DCT to KAFW as my final destination at 3,500 MSL. At approximately 09:05-09:10 LCL the engine began sputtering significantly dropping from 2300-2400 RPM to below 1500-1300 RPM. I applied carb heat to rule out possible carburetor icing. With no success on the carb heat I reduced the throttle to idle and in response the engine stopped sputtering at. I reapplied throttle which brought back the engine sputtering. At about the same moment I reduced throttle a second time, the engine stopped running. Immediately pitched for glide and started searching for a field that I could glide to and making my mayday call to Fort Worth Center providing VFR Flight Following. Once I located a field, I turned North to fly to it and attempted to do a soft field landing. Just before flare is when I dumped the flaps to slow vertical descent. With the mains touching the grass first holding the nose of the ground the aircraft hit a dip in the ground forcing the nose into the ground causing the collapse of the nose gear. After coming to a complete stop I secured the aircraft and engine, evacuated, and called 911 as I was not getting reception on the ground for 121.50 on my hand held NAV/COMM. Local Rescue was dispatched along with a Texas State Trooper

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)**Total Time/Cycles
On Part**

_____ Hours

_____ Cycles

**Time Since This Part
Inspected/Overhauled**

_____ Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)

1-5 _____ Gallons

Fuel Type 80/87 115/145 Jet B Other, specify _____
100 Low Lead Jet A JP8
100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft Destroyed Minor
 Substantial None**Registered Owner of Other Aircraft**

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

06/26/2021
mm/dd/yyyy

Name of Pilot/Operator: Jarod A April

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.
CEN21LA278

Reviewed by NTSB Regional Office
Central Region

Name of Investigator
Andrew Todd Fox

Date Report Received
26 June 2021