NATIONAL TRANSPORTATION SAFETY BOARD NTSB Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/ Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

- 1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.
- 2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.
- 3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.
- 4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.
- 5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date Dime: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifi^: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMS (*D* and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to www.ntsb.gov.

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

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

BASI	C INFORMA	TION	•			•							
Accide	nt/Incident Loc	ation					Ac	cident/Incid	ent Date/	Гіте			
Nearest (City/Place:				_State: _		Da	te:		Lo	cal Time: _		
ZIP:	(Country:						mm/da	l/yyyy				
Latitude			Longitude:							111	me Zone		
	(Enter in decima	l degrees or d	egrees:minutes:sec	conds)			Co	ollision with	Other Air	craft:	Midair	On-groun	d None
AIRCI	RAFT INFO	RMATIO	N										
Registr	ation Number:							IFR-Equip Commerci	-				
Manufa	ncturer:							Unmanned		gnt			
Model:							M	laximum Gr	oss Weigh	t:		lbs	
Serial N	Number:						W	eight at Tin	ne of Accid	lent/Inci	dent:		_ lbs
Year of	Manufacture:						N	umber of Sea	ats:		Flight Cre	ew Seats:	
Amateu	ır-Built: Yes	If Yes:	Kit/Plans Mal	ke:				abin Crew Seat					
	No		Original Design				N	umber of En	gines:				
	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge		• .		Engine	Type (Se		
Airpla Ballo		(Check all the Standard				(Check all tha	_	<i>oply)</i> ractable			procating o Shaft		d Rocket Rocket
Blimp	/Dirigible	Norma	l Restric			Tricycle	100		ailwheel		o Prop	Hybr	id Rocket
Glide Gyroj		Aeroba Balloo				Amphibia					o Jet o Fan	None Unkn	
Helic	Helicopter Commuter Special Flight					ergency Float Skid Electric				Chiki			
Powered Lift Transport Experimental Rocket Utility Special Light-Sp				rt	Float Hull		SI SI	ci ci/Wheel	E1 C	-4 T	(Di		
Ultralight Experim			mental Ligh			ınch	/Recovery Sys			ystem Type (Reciprocating) buretor Fuel-Injected		-	
Unkn	own	Certificate None	of Authorization	or Waiver Unknown	(COA)	None	шсп	, ,		Curo	arctor	1 uci	injected
		None		Ulikilowii		None	-	Date	nknown Rated Pow	er	Total	Time	Since:
			Engine			acturer's		of Mfg.	Horse	ower or	Time	Inspection	Overhaul
Engine Eng. 1	Engine Manufa Lycoming	cturer	Model/Series O-320			Number 988-39E			(hours) 80	(hours) 1228.2			
Eng. 2	,,,,					000 002						00	1220.2
Eng. 3													
Eng. 4				Т								<u> </u>	
Last In	spection Type			Propello	er 1	Fixed Pa Control			Prope	eller 2		Fixed Pitch Controllable	Pitch
x 100-H		inuous Airwo		Ground				justable				Ground Adju	
AAIP Annu		ditional Inspec nown	ction		Manufacturer: MCCAULEY Manufacturer:								
Date La	ast Inspection:	11/22/2021		Model: _		IC160/DTM7						· · · · · ·	
		mm/dd/yy		ELT Ins	stalled:	Yes	No			onal Equ S-B	ipment (Check all that	t apply)
	ne Total Time:		hrs	If Yes: ELT Manufacturer:				Airframe Parachute					
hours measured at (Select one) x Last Inspection Time of Accident/Incident ELI Manufacturer: Model or Part No.:				.:			Ant	gle of Atta opilot	ck Indicato	r			
Type of Maintenance Program (Select one) Type of Maintenance Program (Select one) TSO No.: C91 (121.5 M					21.5 MHz) C91a (121.5 MHz) Data Recorder								
X Annual Was FI T still mounted in				,	Electronic Pright Dag of Handred Device								
Conditional (Amateur-built only) Manufacturer's Inspection Program Was ELT still mounted in air Was ELT still connected to air							Elec		mary Fligh	t Display			
Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Did ELT Activate? Yes				e? Yes N	No			dheld GPS ds Up Dis					
	nuous Airworthin , specify:	ess		If activa Did ELT		ocating Aircra	ft:	Yes No		oard Wea		-	
	otion of Fire Ex	tinguishing	System	If not ac		9 **			Said	l Warning	cing Device System	U	
None	•	B:8	•	Indicate	Reason:	Impact Dar		e		eo Record er, Specify	ing Device		
Spec	ну:					Fire Damag Battery Ext	_	d/Damaged	Oth	ci, specify	<i>(</i> .		
						Unknown	r v						

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: Carbondale				
Name: _Board of Trustees of Southern Illi	nois University	•	^{IIP:} 62966			
Fractional Ownership Aircraft: Yes X	No	Country: USA				
Operator of Aircraft X Same As Re	gistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: Z	ZIP:			
Air Carrier/Operator Designator (4 Characte		Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, (Select one for each group)	125, 129, 135			
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)	XFAR 91 FAR 129 FAR FAR 103 FAR 133 FAR FAR 121 FAR 135 FAR FAR 125 FAR 137 FAR FAR 91 Special Flight Non-US, Commercial	Non-Scheduled or Air Taxi 435	Domestic International			
On-Demand Air Taxi (FAR 135)	Non-US, Non-commercial	Purpose of Flight for FAR 91, 103	122 125			
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) XPilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	mmercial Air Tour (FAR 136) ricultural Aircraft (FAR 137) ot School (FAR 141) ritificate of Authorization or Waiver (COA) mmercial Space Transportation retimental Permit mmercial Space Transportation License		ting Unknown est ow onal ork Use			
Revenue Sightseeing Flight	Air Medical Flight	External Load Skydivir Ferry	ng			
Yes X No	Yes X No	1 3.1.)				
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or with	hin 3 miles of an airport)			
Airport Name:		Distance From Airport Center:	sm			
Airport Identifier:		Direction From Airport:				
Proximity to Airport: Off Airport/Airstri	p On Airport/Airstrip N/A	Airport Elevation:				
Runway Information		Condition of Runway/Landing Surface				
Runway ID:(L/R/C) Length:	ft Width:ft	Dry Snow-Compacted	Water-Calm			
Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Concrete Gravel Meta Dirt Ice Snow	dam Water I/Wood	Holes Snow-Crusted Ice Covered Snow-Dry Rough Snow-Wet Rubber Deposits Soft Slush-Covered Vegetation	Water-Choppy Water-Glassy Wet Unknown			
Approach/Departure Segment (Select one,)					
Taxi VFR Departure Takeoff IFR Departure Proc Initial Climb	On Instrument Ap edure/Clearance Landing	Base Go Aroun	nd Landing (after touchdown)			
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
None		None				
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLS Practice LDA GPS ASR Visual Contact Circling Unknown	Straight-In Valley/Terrain Following Go Around Full Stop	Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown			

"FLIGHT CREWMEN	MBER 1" INFOR	<u>MATION</u>	N .							
"Flight Crewmember 1" R	-									
Pilot Co-Pilot	Student Pilot	Flight Inst	ructor C	heck Pilot	Fligh	nt Engineer	Other I	Flight Crew		
"Flight Crewmember 1" w		s No								
"Flight Crewmember 1" Io					cp	• •				
First Name:										
Middle Initial:				S	tate:			ZIP:		
Last Name:				_						
Age at time of	of Accident/Incident: _					<i>m</i>	m/dd/yyyy			
	1	Cert	ificate Numbe							
Degree of Injury None Fatal	Seat Occupied Left	Front	Unknown		traint Ty	pe			Inflatable F	Restraints
Minor Unknown Serious	Right Center	Rear Single	Ulikilowii		Available None Lap o		None Lap only	v	Not Installe	
Pilot Certificate(s) (Check	all that apply)				3-poir	nt	3-point	,	Not Dej	ployed
		nercial	US Milit	ary	4-poir 5-poir		4-point 5-point		Deploye Unknov	
Private Recre Student Sport		e Transport Engineer	Foreign		Unkn		Unknov	vn		
~										
Principal Occupation	Medical Certificate					tificate Va	-		Date of Las	st Medical
Pilot Other	None Clas Class 1 Driv		e (Sport Pilot or			nitations/wai tions/waiver		nknown /A		
Unknown	5111	nown	c (Sport I not of	11)	pecial Issu			/11	mm/dd/yy	vyy
Medical Certificate Limita	ntions									
Medical Certificate Specia	l Issuance									
Wiculcal Cel tilleate Specia	ii Issuance									
Date of Last Flight Review	Į	Flight R	Review Aircra	oft.						
or Equivalent, Including		_								
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Airplana Dating(s)	Other Aircraft Ra	_		t Dating(s)	.	Instructo	r Rating(s)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)		(Check all th		,	(Check all				
None	None		None			None			Instrument .	Airplane
Single-Engine Land Single-Engine Sea	Airship Balloon		Airplane Helicopt				e Single-Eng e Multi-Engi		Instrument : Helicopter	Helicopter
Multiengine Land	Glider		Powered			Gyropla	ine	ic	Glider	
Multiengine Sea	Gyroplane Helicopter					Powere	d Lift		Sport	
	Powered Lift									
Type Ratings						Student I	Endorsemer	nts (Include	dates)	
Flight Time (Enter appropria	uta AP	w.	Airplane	4. 1		Inst	rument			T
number of hours in each box)		Make Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours	1				1	1	ĺ	Ī		Ī

"FLIGHT CREWMEN	MBER 2" INFOR	MATION	1							
"Flight Crewmember 2" R	-									
Pilot Co-Pilot	Student Pilot	Flight Inst		heck Pilot	Flig	ght Engineer	Other F	light Crew		
"Flight Crewmember 2" w		es No	0							
"Flight Crewmember 2" Io										
First Name:				_ Cit	ty of Re	sidence:				
Middle Initial:					ate:		Z	P:		
Last Name:				- Co	ountry: .					
Age at time of	f Accident/Incident:		Date of Birth	ı:		mm	/dd/yyyy			
		Certif	ficate Number	r:						
Degree of Injury	Seat Occupied			Rest	raint T	ype]	Inflatable R	estraints
None Fatal Minor Unknown Serious	Left Right Center	Front Rear Single	Unknown	A	Availab None	e	Used None		Not Inst	
Pilot Certificate(s) (Check of					Lap o		Lap only 3-point	,	Installed Not Dep	
, , ,		nercial	US Milit	arv	4-poi	int	4-point		Deploye	d
Private Recre	eational Airlin	e Transport			5-poi	int nown	5-point Unknow	n	Unknow	'n
Student Sport	Flight	Engineer			Oliki	nown	Chillow			
Principal Occupation	Medical Certificate			Med	lical Ce	rtificate Val	lidity		Date of Las	t Medical
Pilot	None Clas	s 3		W	ithout li	mitations/waiv	ers U	nknown		
Other		er's License nown	e (Sport Pilot or	3 /	ith limit pecial Iss	ations/waivers	N.	'A	mm/dd/yy	vv
Unknown Medical Certificate Limita	01435 2	nown		SI	peciai iss	Suance				,,
Wieuicai Cei tilicate Liilita	itions									
Medical Certificate Specia	l Issuance									
Date of Last Flight Review	T.	Flight R	Review Aircra	ıft						
or Equivalent, Including FAR 121/135 Checks:		Make: _								
174K 121/133 CHCCKS.	mm/dd/yyyy	Model: _								
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrumen	t Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all th	nat apply)		(Check all th	at apply)			
None Single-Engine Land	None Airship		None			None			Instrument A	
Single-Engine Sea	Balloon		Airplane Helicopt				Single-Engin Multi-Engine		Instrument H Helicopter	encoptei
Multiengine Land Multiengine Sea	Glider		Powered	Lift		Gyroplan			Glider	
Multiengine Sea	Gyroplane Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student Er	idorsement	s (Include d	ates)	
Flight Time (Enter appropri	ata		Airplane			Insti	rument			
number of hours in each box)		s Make Model	Single Engine	Airplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours					1					

ADDITIONAL I LIGI	11 CREVVIVIEIV	IBERS (E	xclusive	of cabin cre	ew, complete	the followin	g information)		
Crew Name and Addres	ss						Seat Occupie	d	Injury
First Name:		City o	f Residen	ce:			Left Center	Front Rear	None
Middle Initial:	_	State:	State: ZIP: Country:					Single	Minor Serious
Last Name:		Count						Unknown	Fatal
							D / 1/E		Unknown
Pilot Certificate(s) (Che	ck all that apply)						Restraint Typ Available	e: Used	Inflatable
None	Flight Instructor		mercial		Military		None	None	Restraints Not Installed
Private Student	Recreational Sport		irline Transport Foreign light Engineer				Lap Only 3-point	Lap Only 3-point	Installed
Student	Sport	1 11911	t Engineer	•			4-point	4-point	Not Deployed
Type Rating/Endorsem	ent for	7	Total Fli	ght Time at	the Time		5-point	5-point Unknown	Deployed Unknown
Accident/Incident Aircr	raft? Yes	No 0	of this A	ccident/Inci	dent:	hrs	Unknown	Ulknown	
Crew Name and Address	SS						Seat Occupie		Injury
First Name:							Left Center	Front Rear	None Minor
Middle Initial:	_	State:		2	ZIP:		Right	Single	Serious
Last Name:		Count	ry:			_		Unknown	Fatal Unknown
P1 (C (*** () (G)							Restraint Typ	201	
Pilot Certificate(s) (Che		C.		T.I.O.	NCT:		Available	Used	Inflatable Restraints
None Private	Flight Instructor Recreational		nercial ne Transpo		Military eign		None	None Lap Only	Not Installed
Student	Sport		t Engineer		8		Lap Only 3-point	3-point	Installed
Type Deting/Endergem	ant fau	-	Total Eli	aht Time of	the Time		4-point	4-point	Not Deployed Deployed
Type Rating/Endorsem Accident/Incident Aircr				ght Time at	dent:	hrs	5-point Unknown	5-point Unknown	Unknown
				cciucii/iiici	uciit		Clikilowii	Olikilowii	
PASSENGER(S)	THER PERSO)NNFI (In	iclude ca	hin crew: co	ontinue on s	enarate shee	t if necessary)		
PASSENGER(S) / O	THER PERSO	ONNEL (In	clude ca	bin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Address	THER PERSO	ONNEL (In	iclude ca	bin crew; co	ontinue on s	eparate shee Restraint T		Inflatable Restraints	Age
Name and Address		·		•		Restraint T	Sype Used		Age
Name and Address First Name:	City :			Seat Left	Injury None	Restraint T Available None	Type Used None	Restraints Not Installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat	Injury	Restraint T Available None Lap Only 3-point	Vype Used None Lap Only 3-point	Restraints Not Installed Installed	Under 5 years
Name and Address First Name:	City : State:	ZIP:		Seat Left Center	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point	Vype Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat Left Center Right	None Minor Serious	Restraint T Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed	Under 5 years If Under 5, Child Restraint Lap-Held
Name and Address First Name: Middle Initial: Last Name: Crew	City : State: Country: Passenger	ZIP:	er	Seat Left Center Right Unknown	None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point	Vype Used None Lap Only 3-point 4-point 5-point	Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : State: Country: Passenger City :	ZIP:Othe	er	Seat Left Center Right Unknown	None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial:	City : State: Country: Passenger City : State: Stat	ZIP:	er	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Crew First Name:	City : State: Country: Passenger City : State: Stat	ZIP:Othe	er	Left Center Right Unknown Row:	None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew	City : State: Country: Passenger City : State: Country: Passenger	ZIP:Othe	er er	Left Center Right Unknown Row: Left Center Right Unknown	None Minor Serious Fatal Unknown None Minor Serious Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Volume Used Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City:	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only Apoint 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held
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Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country:	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
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Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Passenger	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown	None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Country:	ZIP: Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal Fatal	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Available None None None None None	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held 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	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: Country:	ZIP:Other	er er	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only Available None Lap Only	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only S-point Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Under 5, Under 5, Under 5, Under 5 years
Name and Address First Name:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country: State: State: State: State: State: State: State: State:	ZIP: Other	er er er	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point 4-point 5-point Unknown	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years
Name and Address First Name: Middle Initial: Last Name: Crew First Name: Middle Initial: Last Name: Crew First Name: Crew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: Passenger City: State: Country: Passenger City: State: Country: Passenger City: State: State: Country: State: State: State: State: State: State: State: State:	ZIP:Other	er er er	Left Center Right Unknown Row: Left Center Right Unknown Row: Left Center Right Unknown Row:	None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown None Minor Serious Fatal Unknown	Restraint T Available None Lap Only 3-point 4-point 5-point Unknown Available None Lap Only 3-point	Vype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Inst	Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years If Under 5, Child Restraint Lap-Held Unknown Under 5 years Under 5 years Under 5, Under 5, Under 5, Under 5, Under 5 years

FLIGHT ITINERARY I	NFORMATION	N						
Last Departure Point		e of Departure	Destination	on		Type Flight	t Plan Fil	ed
Airport ID:						None		VFR/IFR
	Time	2:				Company		IFR
City:		e Zone:				Military V	/FR	Unknown
State:		Zone				VFR	V	N. II.I
Country:			Country:			Activated?	Yes	No Unknown
Type of ATC Clearance/Serv								
	Special VFR IFR		ecial IFR R On Top		VFR Flight Folk Traffic Advisory		Cruise Unkno	wn / NA
Airspace where the accident	/incident occurred	(Check all that	apply)				Altitud	of In-Flight
•	Class G		itary Operations	Area (MOA)	Special		Occurre	· ·
	Demo Area		port Advisory A	rea	Air Traffic Contr	rol Area	Occurr	
	Warning Area Prohibited Area	Jet TRS	Training Area		Unknown			ft msl
	Restricted Area	FAI						
WEATHER INFORMA	TION AT THE	ACCIDENT	T/INCIDEN	IT SITE				
Source of Pilot Weather Info		. ACCIDEN	IMIODEN	ı	ervation Facility	.		
(Check all that apply)	A mation				•			
National Weather Service	Com	pany						
Flight Service Station	Milit	•			ne:			
TV/Radio Automated Report	Inter None							
Commercial Weather Service (nown			ccident Site:			
On-Board Weather	`			Direction from A	Accident Site:		_ degrees ti	rue
Basic Conditions		Light Conditi	ion					
VMC		Dawn	Dusk	Dark l	. 0	ıknown		
IMC		Day	Night	Brigh	t Night			
Unknown		G '''						
Sky/Lowest Cloud Condition		Ceiling		Obd	Temperature:	((C) or	(F)
Clear Few	Thin Broken Thin Overcast	None (Clear) Broken		Obscured Indefinite	Dew Point: _	(C)) or	(F)
Partial Obscuration	Unknown	Overcast		Unknown				
Scattered					Altimeter Sett	or	in. H§ MB	3
Lowest Cloud Condition He		Ceiling Heigh	t			01	NID	
	_ ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts	S	Visibility		miles	
Variable	Calm		Not Gustir	ng	DVD	:		
	Light and Varia	able						
-or-	-or-		-or-	_		:	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitu			ft
Intensity of Precipitation	Type of Precipita	ation (Check all t	hat apply)		Restriction to	Visibility (Cl	heck all tha	t apply)
Light	None	Drizzle	Freezin	C	None		og	
Moderate Heavy	Rain Snow	Ice Pellets Snow Pellet	Snow S	shower ets Shower	Blowing Du Blowing Sa		iround Fog laze	
N/A	Hail	Snow Grain		g Drizzle	Blowing Sn		e Fog	
Unknown	Rain Showers	Ice Crystals			Blowing Sp Dust	•	moke Inknown	
T					1	- 0	IIKIIOWII	
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check a	Il that apply)	Seve	rits
None N/A		None	N/A		None None	ii inai appiy)		ght
Trace Rime		Trace	Rime	•	Clear Air	_		oderate
Light Clear		Light	Clear		Terrain-Indu Convective			evere
Moderate Mixed Severe Unknow	'n	Moderate Severe	Mixe Unkr		Convective	Turbulence	E2	ktreme
Unknown	ıı ,	Unknown						
NOTAMs (D and FDC), A	IDMETS SICK	TET _e DIDED.	in offect of	the time of th	accident/inci-	dant		
MOTANIS (D'and FDC), A	anyir is, sigly	11218, FIKEPS	s in effect at	the time of the	e accident/incl	uciit:		

DAMAGETO	AIDCDAFT	ND OTHER REAL	DEDTV		
		ND OTHER PROF	CKIY	Aironaft E	
Aircraft Damage None	e Substantial	Aircraft Fire None	Both Ground and In-Flight	Aircraft Explosion None	Roth Ground and In Elicht
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Both Ground and In-Flight Explosion at Unknown Time
	Unknown	On-Ground	Unknown	On-Ground	Unknown
Description of D	amage to Aircraft a	and Other Property (Us	se additional sheet if necessary)	l	
•	Ü		•		
		GHT (Please type or p		0 11 11 11	
Describe what o	occurred in chronology	ogical order, including (circumstances leading to and natifineeded. State departure time an	ure of accident/incident	t. Describe terrain and include
destination. Prov	ride as much detail a	s possible.	ii needed. State departure time an	u and iocation, services	obtained, and intended
		F			

RECOMMENDATION (How	could this accident/incident have been pre	vented?)	
Operator/Owner Safety Recomm	·	volucu.)	
MECHANICAL MALFUN	NCTION/FAILURE (If more space is n	needed, continue on separate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, many) FUEL & SERVICES INF Fuel on Board at Last Takeoff (Convert from pounds, as necessary) Other Services, if Any, Prior to	ORMATION Fuel Type 80/87 Gallons 100/130 Serial no., and describe the failu		Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours
EVACUATION OF AIRC	RAFT		
		N.	
Was an emergency evacuation Method of Exit – Describe how	of the aircraft performed? Yes the occupants exited and how many occupant	No s evacuated each location	
OTHER AIRCRAFT - C	OLLISION (If air or ground collision occ	curred, complete this section for other air	rcraft)
Aircraft Registration Number	Manufacturer:		Damage to Other Aircraft Destroyed Minor Substantial None
Registered Owner of Other Air	craft	Pilot of Other Aircraft	
City:ZIP:ZIP:		Name:	
Country:		Country:	

ADDITIONAL INF	ORMATIC	ON (Please type or print in ink)		
Use this space if addi	tional space	is needed for any answers.		
			ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report		Pilot/Operator:		
mm/dd/yyyy	Signature			
nini aa yyyy	or	Check here to electronically sign this	document	
		erator is Filing Report	01.15	
Name: Ken	Bro		Title:	Instructor
Signature:				
or X ^C	heck here to	electronically sign this document		
		FOR NTSB	USE ONLY	
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN22LA136		CENTRAL	LINDBERG	3/10/2022