

## 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](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.

### 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/Time:** 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.

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.

**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 Identifier:** 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.ntsbgov](http://www.ntsbgov).**

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Aurora State: MO  
 ZIP: 65605 Country: USA  
 Latitude: 36.95 Longitude: 93.70  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 05/12/2022 Local Time: 1035  
*mm/dd/yyyy* Time Zone: Central  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N510KK  
**Manufacturer:** Thrush Aircraft Inc  
**Model:** S2R-H80  
**Serial Number:** H80178DC  
**Year of Manufacture:** 2015  
**Amateur-Built:**  Yes  No *If Yes:*  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 10500 lbs  
**Weight at Time of Accident/Incident:** 7450 (estimate) lbs  
**Number of Seats:** 2 Flight Crew Seats: 2  
 Cabin Crew Seats: 0 Passenger Seats: 0  
**Number of Engines:** 1

**Category of Aircraft**  
 Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*  
**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility  
 Certificate of Authorization or Waiver (COA)  
 None  
**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport  
 Unknown

**Landing Gear**  
*(Check all that apply)*  
 Retractable  
 Tricycle  Tailwheel  
 Amphibian  High Skid  
 Emergency Float  Skid  
 Float  Ski  
 Hull  Ski/Wheel  
 Other Launch/Recovery System  
 None  Unknown

**Engine Type** *(Select one)*  
 Reciprocating  Liquid Rocket  
 Turbo Shaft  Solid Rocket  
 Turbo Prop  Hybrid Rocket  
 Turbo Jet  None  
 Turbo Fan  Unknown  
 Electric  
**Fuel System Type** *(Reciprocating)*  
 Carburetor  Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | GE                  | H80                 | 144004                       |                         | 800  |                    |                                |                  |
| Eng. 2 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 3 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |  |                    |                                |                  |

**Last Inspection Type**  
 100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown  
**Date Last Inspection:** 03/04/2022  
*mm/dd/yyyy*  
**Airframe Total Time:** 1791.89 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Propeller 1**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: Hartzell  
 Model: HC-B4TW-3/T10282N

**Propeller 2**  Fixed Pitch  Controllable Pitch  Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Type of Maintenance Program** *(Select one)*  
 Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** \_\_\_\_\_  
**Model or Part No.:** \_\_\_\_\_  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)  
**Was ELT still mounted in aircraft?**  Yes  No  
**Was ELT still connected to antenna?**  Yes  No  
**Did ELT Activate?**  Yes  No  
*If activated:*  
**Did ELT Aid in Locating Aircraft?**  Yes  No  
*If not activated:*  
**Indicate Reason:**  Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

**Additional Equipment** *(Check all that apply)*  
 ADS-B  
 Airframe Parachute  
 Angle of Attack Indicator  
 Autopilot  
 Data Recorder  
 Electronic Flight Bag or Handheld Device  
 Electronic Multifunction Display  
 Electronic Primary Flight Display  
 Handheld GPS  
 Heads Up Display  
 Onboard Weather  
 Satellite Tracking Device  
 Stall Warning System  
 Video Recording Device  
 Other, Specify: \_\_\_\_\_

**Description of Fire Extinguishing System**  
 None  
 Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Kiman and Kaland KingsleyCity: MillerFractional Ownership Aircraft:  Yes  NoState: MO ZIP: 65707Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: Plane Cents Aviation

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**

- FAR 91     FAR 129     FAR 415
- FAR 103     FAR 133     FAR 431
- FAR 121     FAR 135     FAR 435
- 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)*

- Scheduled or Commuter     Domestic
- Non-Scheduled or Air Taxi     International
- Passenger
- Cargo
- Mail Contract Only

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

- Aerial Application     Firefighting     Unknown
- Aerial Observation     Flight Test
- Air Drop     Glider Tow
- Air Race/Show     Instructional
- Banner Tow     Other Work Use
- Business     Personal
- Executive/Corporate     Positioning
- External Load     Skydiving
- Ferry

**Revenue Sightseeing Flight** Yes  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: Aurora MunicipalDistance From Airport Center: 1nm smAirport Identifier: 2H2Direction From Airport: 190 degrees trueProximity to Airport:  Off Airport/Airstrip     On Airport/Airstrip     N/AAirport Elevation: 1434 ft. msl**Runway Information**Runway ID: N/a (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

- Asphalt     Grass/Turf     Macadam     Water
- Concrete     Gravel     Metal/Wood
- Dirt     Ice     Snow     Unknown

- Dry     Snow-Compacted     Water-Calm
- Holes     Snow-Crusted     Water-Choppy
- Ice Covered     Snow-Dry     Water-Glassy
- Rough     Snow-Wet     Wet
- Rubber Deposits     Soft
- Slush-Covered     Vegetation     Unknown

**Approach/Departure Segment (Select one)**

- Taxi     VFR Departure     On Instrument Approach     Downwind     Low Approach
- Takeoff     IFR Departure Procedure/Clearance     Landing     Base     Go Around
- Initial Climb     Final     Crosswind     Aborted Landing (after touchdown)     Unknown

**IFR Approach (Check all that apply)**

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

**VFR Approach (Check all that apply)**

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



## "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: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious  | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|--|---|--|-----------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Available  | Used  |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> None   | <input type="radio"/> None  |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Lap only   | <input type="radio"/> Lap only  |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 3-point  | <input type="radio"/> 3-point   |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 4-point  | <input type="radio"/> 4-point   |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 5-point  | <input type="radio"/> 5-point   |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Unknown  | <input type="radio"/> Unknown   |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |   |  |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |

|  |  |  |  |
|--|--|--|--|
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br>_____<br>mm/dd/yyyy |
|--|--|--|--|

**Medical Certificate Limitations**

---

**Medical Certificate Special Issuance**

---

|  |  |
|--|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____<br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____ |
|--|--|

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

|                     |  |
|---------------------|--|
| <b>Type Ratings</b> | <b>Student Endorsements</b> <i>(Include dates)</i> |
|---------------------|--|

| 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)**

|   |  |  |  |
|---|--|--|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>  |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                       |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown   |  |
| Last Name: _____  | Country: _____                             |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>   | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <b>Available</b>   | <b>Used</b>  |
| <input type="checkbox"/> Private  | <input type="checkbox"/> Recreational      | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Commercial  | <input type="checkbox"/> US Military   |
|   |  | <input type="checkbox"/> Airline Transport   | <input type="checkbox"/> Foreign   |
|   |  | <input type="checkbox"/> Flight Engineer   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs  |  |

|   |  |  |  |
|---|--|--|--|
| <b>Crew Name and Address</b>  |  | <b>Seat Occupied</b>   | <b>Injury</b>  |
| First Name: _____   | City of Residence: _____                   | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                       |
| Middle Initial: _____   | State: _____ ZIP: _____                    | <input type="radio"/> Front<br><input type="radio"/> Rear<br><input type="radio"/> Single<br><input type="radio"/> Unknown   |  |
| Last Name: _____  | Country: _____                             |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b>  |  | <b>Restraint Type:</b>   | <b>Inflatable Restraints</b>   |
| <input type="checkbox"/> None   | <input type="checkbox"/> Flight Instructor | <b>Available</b>   | <b>Used</b>  |
| <input type="checkbox"/> Private  | <input type="checkbox"/> Recreational      | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |
| <input type="checkbox"/> Student  | <input type="checkbox"/> Sport             | <input type="checkbox"/> Commercial  | <input type="checkbox"/> US Military   |
|   |  | <input type="checkbox"/> Airline Transport   | <input type="checkbox"/> Foreign   |
|   |  | <input type="checkbox"/> Flight Engineer   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ 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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <table style="width:100%;"> <tr> <td><b>Available</b></td> <td><b>Used</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | <b>Available</b>      | <b>Used</b> | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| <b>Available</b>  | <b>Used</b>   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> None  | <input type="radio"/> None  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Lap Only  | <input type="radio"/> Lap Only  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <table style="width:100%;"> <tr> <td><b>Available</b></td> <td><b>Used</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | <b>Available</b>      | <b>Used</b> | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| <b>Available</b>  | <b>Used</b>   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> None  | <input type="radio"/> None  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Lap Only  | <input type="radio"/> Lap Only  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <table style="width:100%;"> <tr> <td><b>Available</b></td> <td><b>Used</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | <b>Available</b>      | <b>Used</b> | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| <b>Available</b>  | <b>Used</b>   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> None  | <input type="radio"/> None  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Lap Only  | <input type="radio"/> Lap Only  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: ____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <table style="width:100%;"> <tr> <td><b>Available</b></td> <td><b>Used</b></td> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | <b>Available</b>      | <b>Used</b> | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| <b>Available</b>  | <b>Used</b>   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> None  | <input type="radio"/> None  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Lap Only  | <input type="radio"/> Lap Only  |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |  |  |                       |             |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |   |

## FLIGHT ITINERARY INFORMATION

|   |  |  |   |
|---|--|--|---|
| <b>Last Departure Point</b><br>Airport ID: <u>MO9</u><br>City: <u>Miller</u><br>State: <u>MO</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>0930</u><br>Time Zone: <u>Central</u> | <b>Destination</b><br>Airport ID: <u>MO9</u><br>City: <u>Miller</u><br>State: <u>MO</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---|--|--|---|

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

|  |                                      |                                      |   |                                       |
|--|--------------------------------------|--------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input 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 checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <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 type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |   |

**Altitude of In-Flight Occurrence:** 1550 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|  |   |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
|--|---|----------------------------------|---|-----------------------------------|-----------------------------------|--|---|-------------------------------|---|----------------------------------|---|--|---|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input 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 checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input 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 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 checked="" type="checkbox"/> Internet | <input 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 |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
| <input type="checkbox"/> National Weather Service  | <input type="checkbox"/> Company                  |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> Flight Service Station  | <input type="checkbox"/> Military                 |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input type="checkbox"/> TV/Radio  | <input checked="" type="checkbox"/> Internet      |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |
| <input 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  |   |                                  |   |                                   |                                   |  |   |                               |   |                                  |   |  |   |

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

|  |  |   |
|--|--|---|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or <u>78</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>72</u> (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or <u>1017</u> MB |
|--|--|---|

|  |  |  |   |
|--|--|--|---|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>180</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>8</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--|--|--|---|

|   |  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
|---|--|---|----------------------------------|--|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|---|--|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|-------------------------------|----------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (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 |  | <b>Restriction to Visibility</b> (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   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |   |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |

| <b>Icing Forecast</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount                            | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b> <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br><b>Type</b> (Check all that apply) <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                              |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Unknown  |                                   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| Amount   | Type                              |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A         |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed       |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |  |                                |                                    |                                   |  |                                 |  |                                  |
| <input type="radio"/> 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:**  
N/a



**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- None       Substantial  
 Minor       Destroyed  
                  Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft was destroyed, power line was damaged.

**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 location, services obtained, and intended destination. Provide as much detail as possible.

Prior to spraying any field, whether I have previously sprayed the field or not, I make a minimum of two complete passes around the field scouting for obstacles, hazards and areas to avoid or pay special attention to. In this particular case, I hit the top wires of the powerline during my second pass around the field. Even though I knew that the powerline was there, I neglected to climb high enough to clear the powerline which caused the airplane to hit the powerline with the main landing gear.

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

Operator/Owner Safety Recommendation

Climb higher above obstacles such as powerlines.

**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)

180 \_\_\_\_\_ 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 AIRCRAFT**

Was an emergency evacuation of the aircraft performed?  Yes  No

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

The normal door/window exit was used.

**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**

06/03/2022

*mm/dd/yyyy*

**Name of Pilot/Operator:** Arne E Rohm

**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.**  
CEN22LA200

**Reviewed by NTSB Regional Office**  
Central

**Name of Investigator**  
Folkerts

**Date Report Received**  
6/15/2022