

**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**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Arizona</u> State: <u>AZ</u> ZIP: <u>85123</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	<b>Accident/Incident Date/Time</b> Date: <u>04/24/2022</u> Local Time: <u>6:33pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>PDT</u> Collision with Other Aircraft: <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None
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**AIRCRAFT INFORMATION**

Registration Number: <u>N3694U</u> Manufacturer: <u>Cessna</u> Model: <u>182G</u> Serial Number: <u>18255094</u> Year of Manufacture: <u>1963</u> Amateur-Built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Kit/Plans <input type="checkbox"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2,800</u> lbs Weight at Time of Accident/Incident: <u>2,403</u> lbs Number of Seats: <u>1</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>
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<b>Category of Aircraft</b> <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Rocket <input type="checkbox"/> Ultralight <input checked="" type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Standard</b>  <input type="checkbox"/> Normal  <input type="checkbox"/> Aerobatic  <input type="checkbox"/> Balloon  <input type="checkbox"/> Commuter  <input type="checkbox"/> Transport  <input type="checkbox"/> Utility  <input type="checkbox"/> Certificate of Authorization or Waiver (COA)  <input type="checkbox"/> None                 </td> <td style="width:50%; vertical-align: top;"> <b>Special</b>  <input type="checkbox"/> Restricted  <input type="checkbox"/> Limited  <input type="checkbox"/> Provisional  <input type="checkbox"/> Special Flight  <input checked="" type="checkbox"/> Experimental  <input type="checkbox"/> Special Light-Sport  <input type="checkbox"/> Experimental Light-Sport  <input type="checkbox"/> Unknown                 </td> </tr> </table>	<b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown	<b>Landing Gear</b> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Amphibian <input type="checkbox"/> Emergency Float <input type="checkbox"/> Float <input type="checkbox"/> Hull <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None	<b>Engine Type (Select one)</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Electric <input type="checkbox"/> Liquid Rocket <input type="checkbox"/> Solid Rocket <input type="checkbox"/> Hybrid Rocket <input type="checkbox"/> None <input type="checkbox"/> Unknown <b>Fuel System Type (Reciprocating)</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel-Injected
<b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Aerobatic <input type="checkbox"/> Balloon <input type="checkbox"/> Commuter <input type="checkbox"/> Transport <input type="checkbox"/> Utility <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Special Flight <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Light-Sport <input type="checkbox"/> Experimental Light-Sport <input type="checkbox"/> Unknown				

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Continental	o-470-L/o-470-50	68904-9-L-4 XPs/n3323	03/10/2022	275	68.27	68.27	68.27
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input type="checkbox"/> 100-Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown Date Last Inspection: <u>01/14/2022</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>5505.34</u> hrs hours measured at <i>(Select one)</i> <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: <u>MT</u> Model: <u>MTV-9-D/210-58</u> <b>Propeller 2</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: _____ Model: _____	<b>ELT Installed:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: <u>Artex</u> Model or Part No.: <u>Artex ELT-200</u> TSO No.: <input type="checkbox"/> C91 (121.5 MHz) <input type="checkbox"/> C91a (121.5 MHz) <input checked="" type="checkbox"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
<b>Type of Maintenance Program (Select one)</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Additional Equipment (Check all that apply)</b> <input checked="" type="checkbox"/> ADS-B <input checked="" type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input checked="" type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____	
<b>Description of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify: _____		

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: Para Tactics LLC

City: Shelton

State: WA ZIP: 98584

Fractional Ownership Aircraft:  Yes  No

Country: USA

## Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: Luke Aikins

City: Shelton

Doing Business As: \_\_\_\_\_

State: WA ZIP: 98584

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: USA

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

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

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

Airport Elevation: \_\_\_\_\_ ft. msl

### Runway Information

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

### 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> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Restraint Type</b> <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	Available	Used	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only																
<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point																
<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point																
<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point																
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance															
<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ mm/dd/yyyy															

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy  
**Flight Review Aircraft**  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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**Type Ratings** \_\_\_\_\_  
**Student Endorsements (Include dates)** \_\_\_\_\_

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

<b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)							
<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Single <input type="checkbox"/> Unknown		<b>Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer				<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
<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> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Center <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Single <input type="checkbox"/> Unknown		<b>Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer				<b>Restraint Type:</b> <b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
<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>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)							
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other		<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years  If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other		<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years  If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other		<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years  If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other		<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	<b>Available</b> <b>Used</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years  If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

# FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>AZ04</u> City: <u>Eloy</u> State: <u>AZ</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>5:45pm</u> Time Zone: <u>PDT</u>	<b>Destination</b> Airport ID: <u>local</u> City: <u>Eloy</u> State: <u>AZ</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**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	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="checkbox"/> None (Clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>81</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>28.44</u> in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>350</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>9</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>unlimited</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input 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 (Check all that apply)</b> <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
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<b>Icing Forecast</b> <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Trace	<input type="checkbox"/> Rime	<input type="checkbox"/> Light	<input type="checkbox"/> Clear	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mixed	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<b>Icing Actual</b> <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Trace	<input type="checkbox"/> Rime	<input type="checkbox"/> Light	<input type="checkbox"/> Clear	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mixed	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<b>Turbulence</b> <table style="width:100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <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>	Type (Check all that apply)	Severity	<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
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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

### Aircraft Damage

- None       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)*

## 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.

April 24, 2022 6:33pm

I took off from AZ04 (Sawtooth Airport) at approximately 5:45pm local in Experimental Cessna N3694U climbed to an altitude of 14,000msl. At 6:33pm local I manually deployed a specially designed drag device, manually engaged the pitch/attitude hold and shut down the engine transforming the airplane into a non flyable free-falling object, which remained within the Flight Test Program's Designated safety zone. I then exited the free falling object.

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

Operator/Owner Safety Recommendation

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

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

<b>Total Time/Cycles On Part</b>
_____ Hours
_____ Cycles
<b>Time Since This Part Inspected/Overhauled</b>
_____ Hours

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
(Convert from pounds, as necessary)

40 \_\_\_\_\_ Gallons

**Fuel Type**

- |  |                                  |                                     |   |
|--|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 80/87                   | <input type="checkbox"/> 115/145 | <input type="checkbox"/> Jet B      | <input type="checkbox"/> Other, specify _____ |
| <input checked="" type="checkbox"/> 100 Low Lead | <input type="checkbox"/> Jet A   | <input type="checkbox"/> JP8        |   |
| <input type="checkbox"/> 100/130                 | <input type="checkbox"/> Jet A-1 | <input type="checkbox"/> 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

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

Aircraft Registration Number \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**Damage to Other Aircraft**

- |                                      |                                |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Destroyed   | <input type="checkbox"/> Minor |
| <input type="checkbox"/> Substantial | <input type="checkbox"/> 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

05/03/2022  
mm/dd/yyyy

Name of Pilot/Operator: Luke Aikins

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.  
WPR22LA165

Reviewed by NTSB Regional Office  
AS-WPR

Name of Investigator  
Joshua Cawthra

Date Report Received  
5/4/2022