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

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

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

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

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

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

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

A, APPLICABILITY

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

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

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

B. DEFINITIONS

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

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM It is necessary that ALL questions on this report be answered completely and accurately.

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

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

Date/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.

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.ntsb.gov.

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

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

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					A	cident/Incid	lent Date/T	ime			
Nearest	City/Place: Apor	oka			State: F	L	Da	ite: 11/2	26/2021	Lo	cal Time: _	12:35	
			4					mm/da	<i>l/yyyy</i>	T:	7	ECT	
Latitude	:		Longitude:							111	me Zone: _	EST	
	(Enter in decima	l degrees or d	legrees:minutes:sec	conds)			Co	ollision with	Other Air	eraft: C) Midair	OOn-groun	d O None
AIRC	RAFT INFO	RMATIO	N										
_	ation Number: acturer: Tecna							☐ IFR-Equip ☐ Commerci	al Space Fli				
	P92 EAGLET						⊢	Unmanned					
	Number: <u>1455</u>		_		Weight at Time of Accident/Inci								
	Manufacture:						umber of Se						
Amate	ur-Built: OYes ⊙No		OKit/Plans Mak Original Design	ake: Cabin Crew							Passenger	Seats:	
<u> </u>						·	_	umber of En	igines: 1				
O Powered Lift ☐ Transport ☐ Exp O Rocket ☐ Utility ☐ Spe				(Check all that apply) □Retractable cted □Tricycle □Amphibian □IFlight □Emergency Float				ractable Tractable H loat	ki	vheel O Turbo Shaft O So O Turbo Prop O Hy O Turbo Jet O No			
ORocket Utility Spec				Light-Spo	rt ht-Sport	□Hull		□Si	ki/Wheel	Fuel Sys	stem Type	(Reciprocativ	ıg)
	OUltralight □ Expe OUnknown □ Certificate of Authorizatio				I	Other Lau	ınch	n/Recovery Sys	stem	⊙ Carb	uretor	O Fuel-	Injected
		None		Unknown	(00/1)	■ None		Πū	nknown				
Engine	Engine Manufa	cturer	Engine Model/Series		Manufacturer's of Mfg. Serial Number mm/dd/yyyy			Rated Pow Horsep O lbs of	ower or	Total Time (hours)	Time Inspection (hours)		
Eng. 1	Rotax		912ULS						100				
Eng. 2 Eng. 3													
Eng. 4					 								
Last In	nspection Type			Propelle	er 1	●Fixed P ●Control			Prope	eller 2	_	Fixed Pitch Controllable I	Pitch
O100-H O AAIP		inuous Airwo litional Inspec				OGround		-			_	Ground Adjus	
OAnnu			ction										
Date L	ast Inspection:			Model:									
Date Last Inspection: mm/dd/yyyy Airframe Total Time: hrs hours measured at (Select one) OLast Inspection OTime of Accident/Incident				If Yes: ELT Ma Model or	nufactur r Part No	er:			□AD3 □Airf □Ang □Aut	S-B rame Para le of Atta opilot	schute ck Indicato	Check all that r	apply)
Type of	f Maintenance I	Program (Se	lect one)	120110		(406 MHz)	و ب	(121.5 14111		a Recorder		Handheld Dev	vice
O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify:				Was ELT still mounted in aircraft? Oyes ONo Was ELT still connected to antenna? Oyes ONo Did ELT Activate? Oyes ONo If activated: Did ELT Aid in Locating Aircraft: Oyes ONo Continue of the continue of t					Display t Display	vice			
Descrip O None O Spec		tinguishing	System	If not ac Indicate	ctivated: Reason:	☐ Impact Da ☐ Fire Dama ☐ Battery Ex ☐ Unknown	ge		□Stal □Vide	l Warning	System ing Device		

OWNER/OPERATOR INFORMATION										
Registered Aircraft Owner		City: OCOEE								
Name: RENE AVIATION LLC		State: FLORIDA ZIP: 34761-8497								
Fractional Ownership Aircraft: Yes O	No	Country: USA								
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner								
Name: First landings Aviation		City: Apopka								
Doing Business As:		State: <u>FL</u> ZIP: <u>32712</u>								
Air Carrier/Operator Designator (4 Character	er Code):	Country: USA								
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)								
□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)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	431 Non-Scheduled or Air Taxi International								
On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial									
□ 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	O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use O Business OPersonal O Executive/Corporate OPositioning								
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving								
O Yes ⊙ No	O Yes O No	Orany								
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)								
Airport Name: Orlando Apopka Airport Identifier: X04 Proximity to Airport: O Off Airport/Airstri	p • On Airport/Airstrip ON/A	Distance From Airport Center:sm Direction From Airport:degrees true Airport Elevation:ft. msl								
Runway Information Runway ID: 330 (L/R/C) Length: 39 Runway/Landing Surface (Check all that at a grass/Turf Maca Concrete Gravel Meta Snow	apply) adam	Condition of Runway/Landing Surface (Check all that apply) □ 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,)									
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	edure/Clearance On Instrument Ap OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown								
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply) □None								
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ 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 1" INFORMATION											
"Flight Crewmember 1" Res	sponsibilities at t O Student Pilot	the Time of OFlight Ir		i dent Check F	Pilot	O Fligh	nt Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" was	s pilot flying	✓Yes □ N	o								
"Flight Crewmember 1" Ide	ntification										
First Name: Howard					City of Residence: Palm Bay						
Middle Initial:					State: <u>FL</u> ZIP: 32908						
Last Name: Cheatham Jr					Country: USA						
Age at time of	Accident/Inciden	nt: <u>54</u>	Date of B	irth:				m/dd/yyyy			
		Ce	ertificate Num	ber:							
Degree of Injury	Seat Occupie				Restra	aint Ty	ре			Inflatable F	Restraints
None	● Left	O Front	O Unknov	vn	Available Used						
O Minor O Unknown O Right O Rear O Center O Single						O None		ONone		✓ Not Inst	
Pilot Certificate(s) (Check all that apply)) Lap o 3- poir		OLap only O3-point	y	☐ Installed	
□ None □ Flight Instructor □ Commercial □ US Military						3 3-pon 3 4 - poir		O 4-point		☐ Deploye	ed
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign) 5 - poir) Unkne		O 5-point O Unknov	vn.	☐ Unknov	vn
☐ Student ☐ Sport	☐ FI	light Engineer	r) Ulikili	own	Ochknov	,,,		
Principal Occupation M	Iedical Certifica	ıte			Medio	cal Cer	tificate Va	lidity		Date of Las	t Medical
	None O	Class 3					nitations/wai	-	nknown		
			nse (Sport Pilot	only)			tions/waivers	s O N	//A	mm/dd/yy	nnv
O Unknown O Class 2 O Unknown O Specificate Limitations							iance			da. y)	77
Wedical Celtificate Ellifitati	ons										
]]											
Medical Certificate Special l	ssuance										
Date of Last Flight Review		Flight	Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	08/16/2020	Make:	Tecnam								
FAR 121/155 CHECKS.	mm/dd/yyyy	Model:	P92								
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrum	ent Rat	ing(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that ap	pply)	(Check al				(Check all				
☐ None ☑ Single-Engine Land	✓ None		✓ None				✓ None	- Circl- Fran		Instrument	Airplane
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla ☐ Helico					e Single-Engi e Multi-Engi		Instrument I Helicopter	Helicopter
☐ Multiengine Land	Glider		☐ Power				☐ Gyropla	ane		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter						☐ Powered	d Lift		Sport	
	☐ Powered Lift										
Type Ratings							Student E	Endorsemer	its (Include	dates)	
None											
Flight Time (Enter appropriate		This Make	Airplane				Inst	rument			**-14
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airpl Multie		Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	64	15	64								
Pilot in Command (PIC)	36	15	36								
Time as Instructor					\Box						
This Make/Model											
Last 90 Days	0	0	0								
Last 30 Days	0	0	0		\dashv					1	
Last 24 Hours	0	0	0	l	1		1	I	I	I	l

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" FO OPilot OCo-Pilot		Time of A OFlight Inst		ident Check Pile	lot O	light	t Engineer	OOther F	light Crew		
"Flight Crewmember 2" w	vas pilot flying 🔲 🗅	Yes □N	o								
"Flight Crewmember 2" I	dentification										
First Name:					City of	Resi	dence:				
Middle Initial:					State: ZIP:						
Last Name:					_						
				of Birth: mm/dd/yyyy							
			ficate Numb								
Degree of Injury	Seat Occupied		III III		Restrain	t Tvi	pe		I	nflatable R	estraints
O None O Fatal	OLeft	O Front	OUnknow	I .				-			
O Minor O Unknown O Serious		ORear OSingle			O None O None				☐ Not Inst	alled	
		Osingle			O Lap only O Lap only				Installed		
Pilot Certificate(s) (Check			Писм	1:4	03-			O 3-point O 4-point		☐ Not Dep ☐ Deploye	
☐ None ☐ Fligh ☐ Private ☐ Recre	t Instructor	imerciai ine Transport	☐ US Mi		O 5	point	t	O 5-point		Unknow	
☐ Student ☐ Sport		ht Engineer			ΟU	nkno	wn	O Unknow	'n		
Principal Occupation	Medical Certificate				Madical	Carré	tificate Val	lidity	- 1	Date of Las	t Medical
O Pilot	O None O Cla						itations/waiv	•	nknown	oute of Lus	· meancai
O Other			e (Sport Pilot	only)	O With li	nitati	ions/waivers				_
O Unknown	O Class 2 O Un	ıknown			O Special	Issua	ance			mm/dd/yy	yy
Medical Certificate Limita	ations										
Medical Certificate Specia	l Issuance										
Medical Cel tilicate Specia	ii issuance										
Data of Last Elight Davison		FIL -1 4 F	· · · · · · · · · · · · · · · · · · ·								
Date of Last Flight Review or Equivalent, Including	,		Review Airc								
FAR 121/135 Checks:		-									
	mm/dd/yyyy	Model: _				_					
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra		Instrume				Instructor				
□ None	□ None	"	(Check all	і тат арріу	V)	,	Check all th □ None	ат арріу)	п	Instrument A	irnlane
☐ Single-Engine Land	☐ Airship		☐ Airplaı			[☐ Airplane	Single-Engin	e 🗖	Instrument H	elicopter
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		Helico					Multi-Engine		Helicopter	
☐ Multiengine Sea	☐ Grider ☐ Gyroplane		Powere	ea Litt			☐ Gyroplan☐ Powered			Glider Sport	
-	☐ Helicopter					-			_	-port	
Type Ratings	☐ Powered Lift					١,	Student Fr	dorcomont	s (Include de	rtanl	
Type Raungs						'	Student El	laorsement	s (metuae at	ues)	
Flight Time (Enter appropri	ate All Th	his Make	Airplane Single	Airplar	ne		Insti	rument			Lighter
number of hours in each box)		& Model	Engine	Multieng		ght	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days	+						1				
Last 30 Days											
Last 24 Hours				ı			1	I			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Addi	ress						Seat Occupie	d	Injury	
First Name: Middle Initial: Last Name:		State	e:		ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	☐ Flight Instructor ☐ Recreational ☐ Sport	□ Airl □ Flig	l	oort		hrs_	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	ve: Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
Crew Name and Addi	ıd	Injury								
First Name: Middle Initial: Last Name:	_	State	e:		ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	☐ Flight Instructor ☐ Recreational ☐ Sport	□ Airl □ Flig	I	ort	t the Time	hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Vsed None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	
PASSENGER(S) /	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
Name and Address				Seat	Injury	Restraint T	уре	Inflatable Restraints	Age	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐ Under 5 years	
First Name: Middle Initial: Last Name: OCrew	State:	ZIP:	_	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown	☐Under 5 years	
First Name: Middle Initial: Last Name:	OLeft OCenter	ONone OMinor	Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	□ Not Installed □ Installed □ Not Deployed	☐ Under 5 years				

FLIGHT ITINERARY INFORMATION										
Last Departure Point	Tim	e of Departure	Destination	on		Type Fligh	t Plan I	iled		
Airport ID: X04	T:	. 1235	Airport ID:	X04		● None		O VFR/IFR		
City: Apopka	I ime	: 1235	City: Apo	pka		O Company O Military		O IFR O Unknown		
State: FL	Time	Zone: EST	State: FL			O VFR	****	O chalown		
Country: USA			Country: L	JSA		Activated?	OYes	ONo OUnknown		
Type of ATC Clearance/S	ervice (Check all that	apply)	•							
☐ VFR	☐ Special VFR ☐ IFR	□ VF	ecial IFR R On Top	☐ VFR Flight Foll☐ Traffic Advisor			☐ Cruise ☐ Unknown / NA			
Airspace where the accide				4 - 2 (0.1)			Altitu	de of In-Flight		
	□Class G □Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Cont	rol Area	Occui	rrence:		
☐ Class C	☐ Warning Area	☐ Jet	Training Area		Unknown			ft msl		
	☐ Prohibited Area ☐ Restricted Area	☐ TR:								
WEATHER INFORM				T SITE						
Source of Pilot Weather In		ACCIDEN	IMOIDEN		servation Facility	,				
(Check all that apply)	iioi mation			l	ser vacion racine,					
National Weather Service	Com				me:					
☐ Flight Service Station ☐ TV/Radio	☐ Mili ☑ Inter	•		1						
✓ Automated Report	☐ Non	e		1	Accident Site:					
☐ Commercial Weather Service ☐ On-Board Weather	ce (DUATS) Unk	nown			Accident Site:			s true		
Basic Conditions		Light Conditi	ion							
⊙ VMC		ODawn	O Dusk	O Dark	Night OUr	ıknown				
OIMC		⊙ Day	ONight	OBrig	ht Night					
O Unknown		- ···			_					
Sky/Lowest Cloud Condit O Clear	O Thin Broken	Ceiling O None (Clear)	` _	Obscured	Temperature:		(C) or _	(F)		
O Few	O Thin Overcast	O Broken	, 6	Dew Point: _	((c) or _	(F)			
O Partial Obscuration	O Unknown	O Overcast	0	Altimeter Sett	ing:	in.	Hg			
O Scattered Lowest Cloud Condition 1	Unight	Cailing Haigh	.+		or	ME	3			
Lowest Cloud Condition	ft agl	Ceiling Height ft agl								
Wind Direction	Wind Speed		Wind Gusts	,	Visibility					
□ Variable	□ Calm		□ Not Gustin				miles			
T variable	Light and Varia	able	I Not Gustin	46	RVR	:	feet			
-or-	-or-	_	-or-		RVV	':	miles			
Direction:degrees tru		kts	Speed:	kts	Density Altitu			_ ft		
Intensity of Precipitation	Type of Precipit	_ `			Restriction to			hat apply)		
O Light O Moderate	☑ None □ Rain	☐ Drizzle☐ Ice Pellets	☐ Freezin☐ Snow S	g Rain	✓ None ☐ Blowing Du	let 🔲 l	Fog Ground Fo	ng		
OHeavy	Snow	Snow Pellets			☐ Blowing Sa		Haze	7 6		
ON/A	☐ Hail	□ Snow Grain	ns 🗆 Freezin	ig Drizzle	☐ Blowing Sn		ce Fog			
OUnknown	☐ Rain Showers	☐ Ice Crystals	;		☐ Blowing Sp ☐ Dust		Smoke Unknown			
Icing Forecast		Icing Actual			Turbulence					
Amount Type		Amount	Type		Type (Check a	ll that apply)		verity		
O None O N/A O Trace O Rime		O None O Trace	O N/A O Rime		☑ None ☐ Clear Air			Light Moderate		
O Light O Clear		O Light	O Clean		☐ Terrain-Ind			Severe		
O Moderate O Mixed O Severe O Unknown		O Moderate O Severe	O Mixe O Unkr		□Convective	Turbulence		Extreme		
O Severe O Unknown	own	OUnknown	O Oliki	IOWII						
NOTAMs (D and FDC),	AIRMETS SIGN	L (ETs. PIRFP)	s in effect at	the time of th	l ne accident/incid	dent:				
ino irinis (D and irbe),		, I IKEI	. m cheet at	and time of the	accident intl					

DAMAGE	E TO AIRCRAFT A	ND OTHER PI	ROPERTY		
Aircraft Da O None O Minor	mage ○ Substantial ○ Destroyed ○ Unknown	Aircraft Fire O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description	of Damage to Aircraft	and Other Property	W. Also additional sheet if necessary		

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

Aircraft left leading edge of wing dented, top of aircraft where wing meets fuselage is buckled, 1 runway light was destroyed, down spout of hangar gutter dented.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

I departed X04 at 12:34 PM I departed the area to KINF to do two touch and goes and head back to X04, I did two low approaches checked the time, I had enough time to do a tough and go but decided to head back so I wouldn't be in a time crunch due to the next rental.

I departed the KINF area headed back to X04 at the half way point I changed frequency back to X04 as I was inbound I heard the weather on the field Winds 280 at 8 knots. My ipad shows the same the weather at KLEE and I remember thinking that it checked. As i continued in bound I heard an aircraft doing a touch and go, I was close enough to see it at this point, as i called on the 45 I let the other aircraft know I had him in sight and continued into the pattern. As i turned on to final i could see the aircraft ahead of me just about to clear the runway, he called clear of runway I verified he was, I looked at the windsock which looked like it should a crosswind from the left.

I was on final for runway 33 at X04 (Apopka airport) flying N19AA as I saw the windsock was favoring the runway to almost right down the runway, I had a bit of a crosswind, so I applied crosswind controls to keep me aligned to the right side of runway 33.

As I was coming down final, I checked the situation on the ground. The aircraft ahead of me had called clear of runway I could see him turning on to the taxi way, the runway was clear and N19AA was descending to the runway with a good sight picture. I hadn't experienced a gust at this point nor had any weather I heard or looked at said anything about a gust.

I touched down normally still holding the ailerons in crosswind the aircraft started to slow. The nose was coming down, so I allowed the nose wheel to center. I was down to 40 kts and decelerating. The aircraft was still favoring the right side of the runway, at this point the nose came up un-commanded I was attempting to get it back down as the aircraft started to turn to the left, I applied full right rudder and applied the right brake while getting the nose back under control.

The aircraft started to correct but I ran out of rudder, at this point I had no indication that either was effective the full right rudder had no effect as did the brake (I can only assume at this point that the right tire was off the ground because I didn't feel the jerk of a full brake application).

At this point the aircraft had turned to side of the runway/taxiway and there was no getting it back I tried the entire way, until I came in contact with the down spout of the gutter on the hanger.

Once the aircraft stopped, I turned off the engine, the fuel and exited the aircraft.

After exiting a person who identified himself as working for the FAA and told me that the wind was 280/8G17 or 19 I can't recall which and I don't know where he got his weather from. The pilot of the aircraft that landed ahead of me got out of his aircraft to check on my condition and also told me he had to go around because of the gust.

RECOMMENDATION (How could this accident/incident have been prevented?)										
Operator/Owner Safety Recomm	endation									
Unknown										
MECHANICAL MALFUN	NCTION/I	AILURE (If mor	re space is n	needed, co	ontinue on sepa	rate sheet)				
Was there Mechanical Malfund (If yes, list the name of the part, man	tion/Failur	e? 🗆 Yes 🗆 No				•	Total Time/Cycles On Part			
							Hours			
							Cycles			
							Time Since This Part Inspected/Overhauled			
							Hours			
							Hours			
FUEL & SERVICES INF	ORMATI	ON								
Fuel on Board at Last Takeoff		Fuel Type								
(Convert from pounds, as necessary)		O 80/87 O 100 Low Lead	O 115/145 O Jet A	5	O Jet B O JP8	O Other, specify				
_23	Gallons	O 100/130	O Jet A-1		O JP8O Automotive					
Other Services, if Any, Prior to	Departure									
EVACUATION OF AIRC	RAFT									
Was an emergency evacuation	of the aircr	aft performed?	☐ Yes	□ No						
Method of Exit - Describe how	the occupan	ts exited and how ma	any occupant	s evacuate	ed each location					
OTHER AIRCRAFT – C	OLLISIO	(If air or ground	collision occ	curred, co	mplete this sec		•			
Aircraft Registration Number		ırer:					nage to Other Aircraft Destroyed			
	Model:					<u> </u>	Substantial None			
Registered Owner of Other Air				Pilot of	Other Aircraft					
Name:				Name:						
City: ZIP:				State:		ZIP:				
Country:					*					

ADDITIONAL INFORMATION (Please type or print in ink)										
Use this space if addi	tional space	is needed for any answers.								
I HEREBY CERTIF	Y THAT TH	IE ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE						
Date of this Report	Name of 1	Pilot/Operator: Howard Cheatham Jr								
12/28/2021	l	:								
mm/dd/yyyy	1	✓ Check here to electronically sign this c								
	<u> </u>									
		erator is Filing Report								
or 🔲 C	heck here to	electronically sign this document								
		FOR NTSB (USE ONLY							
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received						
ERA22LA093		AS-ERA	Lynn Spencer	12/29/2021						

NATIONAL TRANSPORTATION SAFETY BOARD

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

	Time retini				OIVII								
BASI	CINFORMA	ATION		100				Care State		Haran			200
	nt/Incident Loc					_		cident/Incid					
Nearest	City/Place: APE	DKA, FL	USA XOY		State:	FL	Dat	to: 11/26/0	121	Io	cal Time	2:00	pm
7IP. 2	2712	ountry:	USA				Du	mm/de	lyvvv		cui i iiic.	0 /	
		Journal y .							,,,,	Ti	me Zone:	EASTER	N
Latitude			Longitude:										
	(Enter in decima	d degrees or a	degrees:minutes:sec	conds)			Co	llision with	Other Air	craft: C) Midair	OOn-groun	d None
AIDC	RAFT INFO	DMATIO	N	986 N 4 T			Air	HILL IN THE	, Selfedeller	dita i	1000		
_					1.00.00		25127	CIED E	110-		0.000		32.313
	ation Number:		4					☐ IFR-Equip ☐ Commerci ☐ Unmanned	al Space Fli				
	P92		1							117			
				Maximum Gross Weight: 1320									
	Number:	9569		Weight at Time of Accident/Incident:									
Year of	Manufacture:	201	3	Number of Seats: 2						Flight Cre	ew Seats:		
Amatei	Amateur-Built: OYes If Yes: OKit/Plans						Ca	bin Crew Seat	s:		Passenger	Scats:	
	No Original Desi						N	umber of En	gines:	1			
Catego	Category of Aircraft Type of Airworthiness C					Landing Ge				Engine	e Type (Se	elect one)	
	Airplanc (Check all that apply)					(Check all tha		pply)			procating		id Rocket
	OBalloon Standard Speci						Retr	actable			oo Shaft		Rocket
	OBlimp/Dirigible Normal Re					Tricycle		ПТ	nilwheel	O Turk	oo Prop		id Rocket
	OGlider					/ \		_		O Turb		ONone	
OGyro		Balloc				☐ Amphibia			igh Skid	O Turb		OUnkr	own
OHelic		Comn								O Elec	tric		
O Powe O Rock		Transp				Float		□SI					
OUltra		☐ Utility		l Light-Spo mental Lig		Hull		LISE	ci/Wheel	Fuel Sy	stem Type	(Reciprocati	ig)
OUnkn						☐ Other Lau	nch	Recovery Sys	tem	@Carb	uretor	O Fuel-	Injected
Chan	OWI	☐Certificate	of Authorization	or Waiver Unknown	(COA)	☐ None							-
		Livone								707	61.		
			Engine		Manuf	acturer's		of Mfg.	A Horsep			Inspection	Since:
Engine	Engine Manufa	cturer	Model/Series	Serial Number mm/dd/yyyy			O lbs of		(hours)	(hours)	(hours)		
Eng. 1	ROTAX		912 ULS					100		582,2	29.3		
Eng. 2					1		\neg						
Eng. 3							\neg						
Eng. 4						177	T						
Last In	spection Type			Propell	er 1	OFixed Pi			Prope	ller 2		Fixed Pitch Controllable	Pitch
Ø100-H	-	inuous Airwo	orthiness			Ground	Adi	ustable				Ground Adju	
OAAIP	O Cone	litional Inspec		Manufac	turer:	SENSEN	110	CH	Manu	facturer:			
O Annu				Model:	2AC	ORSR-	7	OE	Mode				
Date La	ast Inspection: ne Total Time:	01/12/	2021				No		Additio	nal Equ	ipment (Check all that	apply)
Airfran	ne Total Time:	4710	of hrs	If Yes:		1-1. 7	~	1 1	MAD:	S-B			
	s measured at (S			ELT Ma	nufactur	er: ACK T	CO	wagie	Airf	rame Para			
			ccident/Incident	Model or	Part No	.:	0	4	☐ Auto		ck Indicato	r	
- 1 -				TSO No.	: OC91 (121.5 MHz) O	C9	la (121.5 MHz		Recorde	r		
	Maintenance I	rogram (Se	elect one)		OC126	(406 MHz)						Handheld De	vice
	Annual				L etill mo	unted in aircra	6+2	Myas ONa			ltifunction		
	O Conditional (Amateur-built only)					nected to anten			Elec	tronic Pri	mary Fligh	t Display	
	O Manufacturer's Inspection Program					? OYes		pares Ono		dheld GP			
	O Other Approved Inspection Program (AAIP)					. 0103 8	10			ds Up Dis			
O Continuous Airworthiness				If active		ocating Aircraf	ft- 4	OVes ONo		oard Wea			
O Other, specify:						ocating Antital		J. C. 10140			cing Device	ė	
	Description of the Estinguishing of stem				Pagent				☐ Stall Warning System ☐ Video Recording Device				
None	✓ None O Specify:				Indicate Reason: ☐ Impact Damage ☐ Video Recording Device ☐ Other, Specify:								
O Spec	ny.			☐ Battery Expired/Damaged									
						Unknown	PHO	. Duningen					
						A COMMONIA	_						

OWNER/OPERATOR INFORMA	HON	City: OCOEE	
Registered Aircraft Owner Name: SERGE RENE			
,	and the same that the same tha	State: FL	
Fractional Ownership Aircraft: O Yes Ø		Country: USA	
Operator of Aircraft Same As Reg	ristered Owner	☐ Same Address as Registere	
Name: FIRST LANdings	AVIATION	City:	
Doing Business As: FORST LAW		State:	ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted U	nder Revenue Operation for (Select one for each group)	FAR 121, 125, 129, 135
Flag Carrier Operating Certificate (FAR 121) Supplemental	## AR 91 OFAR 129 OFAR 129 OFAR 120 OFAR 133 OFAR 135 OFAR 125 OFAR 137 OFAR 137 OFAR 125 OFAR 137 OFAR 125 OFAR 137 OFA	Non-Scheduled or Air Ta R 435 Non-Scheduled or Air Ta	
On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136)	OPublic Aircraft (Select one)	Purpose of Flight for FA	R 91, 103, 133, 137
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	O Armed Forces O Federal O State O Local O Unknown	(Select one) O Acrial Application O Air Drop O Air Bacc/Show O Banner Tow O Business O Executive/Corporate O External Load	O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use Personal O Positioning O Skydiving
Revenue Sightseeing Flight	Air Medical Flight	O Ferry	o say saring
O Yes ONO	OYes WNo		
AIRPORT INFORMATION (Fill in	if accident/incident occurred on a	pproach, landing, takeoff, depart	ure, or within 3 miles of an airport)
Airport Name: OF AND Apo	PRA AIRPORT	Distance From Airport Cent	er: Ø sm
Airport Identifier: XØ4		Direction From Airport:	330 degrees true
Proximity to Airport: O Off Airport/Airstri	p Ø On Airport/Airstrip O N/A	Airport Elevation:	140 ft. msl
Runway Information Runway ID: 15/33 (L/R/C) Length: 1		Dry □ Snow- □ Holes □ Snow-	
Runway/Landing Surface Check all that of Asphalt	adam Water	Ice Covered	Wet
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	On Instrument A	OBase OFinal	O Low Approach O Go Around O Aborted Landing (after touchdown) O Unknown
IFR Approach (Check all that apply)		VFR Approach (Check all the	it apply)
None		None	
ADF/NDB	MLS		☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
O Pilot O Co-Pilot			uctor O	Check Pil	lot O Flig	ht Engineer	Other	Flight Crew		
"Flight Crewmember 1" w		cs 🗆 No				-	-			
"Flight Crewmember 1" Io First Name:					City of Re	esidence:				
Middle Initial:					12-00 T. 12-01			ZIP:		
Last Name:	_							ZII ,		
	of Accident/Incident:			Country: mm/dd/yyyy						
Age at time (or Accident meldent.		ficate Num							
Degree of Injury	Seat Occupied	Corti	ricate riam		Restraint T	vne			Inflatable R	estraints
O None O Fatal		Front	O Unknow		Available Used					
O Minor O Unknown O Serious		Rear Single	Rear			O None O Nor O Lap only O Lap			☐ Not Inst	
Pilot Certificate(s) (Check		O 3-poi	nt	O3-point		Not Dep				
None							☐ Deploye			
Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical										
O Pilot	O None O Cla				O Without lin			Jnknown		
O Other O Unknown	only)	O With limits O Special Iss		01	N/A	mm/dd/yy	vy			
Medical Certificate Limita		known								
Medical Certificate Limitations										
Medical Certificate Specia	ıl Issuance									
Medical Cel illicate opecia	ii Issuuliee									
Date of Last Flight Review	v	Flight Re	eview Airc	raft						
or Equivalent, Including										
FAR 121/135 Checks:	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft R		Instrum	ent Ratir	ng(s)	Instructo	r Rating(s	1		
(Check all that apply)	(Check all that apply		(Check all			(Check all	-	,		
□ None	☐ None		☐ None			☐ None			Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla				e Single-Eng e Multi-Eng		Instrument I Helicopter	Ielicopter
☐ Multiengine Land	Glider		Power			☐ Gyropla	ine		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport	
	Powered Lift									
Type Ratings						Student E	Indorseme	nts (Include	dates)	
Flight Time (Enter appropria number of hours in each box)		is Make Model	Airplane Single Engine	Airplai Multieng		Actual	Simulated	Rotoreraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model			Rock St.					Bushing.		
Last 90 Days				_		-		-		
Last 30 Days								-		
Last 24 Hours										
5										

"FLIGHT CREWME	MBER 2" INFOR	MATION									
"FLIGHT CREWMEMBER 2" INFORMATION "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer Oother Flight Crew											
OPilot OCo-Pilot "Flight Crewmember 2" v	1.000			L neck r	1101	Orng	in Engineer	Other	riigiit Crew		
"Flight Crewmember 2" I	dentification										
First Name: City of Residence:											
Middle Initial: State: ZIP:											
Last Name:											
	f Accident/Incident:		Date of Bir	th:			mm	/dd/vvvv			
Age at time o	Accident/ficident.			8 15							
Degree of Injury Seat Occupied Certificate Number:				Resti	aint T	vne		I	nflatable R	estraints	
O None O Fatal O Minor O Unknown O Serious	OLeft ORight	OFront ORear OSingle	OUnknow	n	A	vailabl O None	e	Used O None O Lap onl		□ Not Insta	illed
Pilot Certificate(s) (Check	all that apply)					O 3-poi	nt	O 3-point	·	☐ Not Dep	loyed
	t Instructor	mercial ne Transport t Engineer	US Mil			O 4-poi O 5-poi O Unkr	nt	O 4-point O 5-point O Unknow		☐ Deploye ☐ Unknow	
Principal Occupation	Medical Certificate				Medi	ical Ce	rtificate Va	lidity	1	Date of Last	Medical
O Pilot	O None O Clas						mitations/waiv		Jnknown		
O Other O Unknown	O Class 1 O Driv		e (Sport Pilot	only)		ith limit ecial Iss	ations/waivers wance	0 1	N/A	mm/dd/yy	vy .
Medical Certificate Limit		alo wii			- 0						
Medical Certificate Limit	ations										
Medical Certificate Specia	al Issuance										
Medical Cel illicate Specia	at Issuance										
Date of Last Flight Review	v	Flight R	leview Airc	raft							
or Equivalent, Including		Make:									
FAR 121/135 Checks:	mm/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrume	nt Rat	ing(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply))	(Check all				(Check all th	at apply)			
□ None	None		None				None	Circle Coni		Instrument A Instrument H	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplan ☐ Helicon				☐ Airplane ☐ Airplane			Helicopter	encopiei
☐ Multiengine Land	Glider		Powere				Gyroplan			Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter						☐ Powered	Lift	П	Sport	
	☐ Powered Lift										
Type Ratings							Student Er	ndorsemen	its (Include de	ates)	
Di-La Ti (F			Airplane				Inst	rument			fina.
Flight Time (Enter appropr number of hours in each box)		is Make Model	Single Engine	Airp	lane engine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model	REQUEST				itekiji.				DE STATE	A PROPERTY OF	HORSE STREET
Last 90 Days									-		
Last 30 Days									-	-	
Last 24 Hours											

ADDITIONAL FUIC	UT COEMMEN	DEDC .			Carlo de la Carlo				
ADDITIONAL FLIG	HI CREWMEN	BEK2	Exclusiv	e of cabin cr	ew, complete	the followin	g information)	1	
Crew Name and Addre	ess						Seat Occupie		Injury
First Name:				nce:			O Left O Center	O Front O Rear	O None O Minor
Middle Initial:	tial: State: ZIP:						O Right	O Single	O Serious
Last Name:		Cou	ntry:					OUnknown	O Fatal O Unknown
Pilot Certificate(s) (Ch	and all the analysis	_					Restraint Ty	oe:	Inflatable
		ПС	mmaraial	Пис	Military		Available	Used	Restraints
□ Private	□ None □ Flight Instructor □ Commercial □ US Military □ Private □ Recreational □ Airline Transport □ Foreign						O None O Lap Only	O None O Lap Only	☐ Not Installed
☐ Student	☐ Sport	☐ Flig	ght Engine	er			O 3-point	O 3-point	☐ Installed ☐ Not Deployed
Type Rating/Endorsen	ment for		Total F	light Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Deployed
Accident/Incident Airc		□ No		Accident/Inci		hrs	O Unknown	O Unknown	☐ Unknown
Accident incident Air c	100		OI CILIS I	A STATE OF THE STA	The second secon		A		220000000000000000000000000000000000000
Crew Name and Addre	ess						Seat Occupie	d	Injury
First Name:		City	of Reside	nce:			OLeft	O Front O Rear	ONone
Middle Initial:	_	Stat	e:		ZIP:		O Center O Right	O Single	O Minor O Serious
Last Name:		Cou	intry:			_		OUnknown	O Fatal
							Doctorint Tou	***	O Unknown
Pilot Certificate(s) (Ch	-				MP		Restraint Ty Available	Inflatable Restraints	
☐ None ☐ Private							O None O Lap Only	O None O Lap Only	☐ Not Installed
☐ Student	☐ Sport		ght Engine				O 3-point	O 3-point	☐ Installed
Type Rating/Endorsen	nent for		Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident Airc		□No		•		han	O Unknown	O Unknown	Unknown
			OT CHES !	Accident/Inci	dent:	hrs	OURHOWN	O chiano ii ii	
PASSENGER(S) /								14.11	
PASSENGER(S) / U							t if necessary)	Inflatable Restraints	Age
Name and Address	OTHER PERSO	NNEL (Include o	abin crew; c	ontinue on s	Restraint T	t if necessary) Type Used	Inflatable	Age
Name and Address First Name:	OTHER PERSO	NNEL (Include o	Seat OLeft	Injury O None	Restraint T Available ONone	t if necessary) 'ype	Inflatable Restraints Not Installed	
Name and Address First Name: Middle Initial:	OTHER PERSO	ZIP:	Include o	Seat	Injury	Restraint T Available ONone OLap Only O3-point	t if necessary) Type Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployee	☐ Under 5 years
Name and Address First Name:	OTHER PERSO	ZIP:	Include o	Seat OLeft OCenter	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	t if necessary) ype Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint
Name and Address First Name: Middle Initial:	OTHER PERSO	ZIP:	Include	Seat OLeft OCenter ORight	Injury O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point	t if necessary) (ype Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployee	Under 5 years if Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew	City: State: Country:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available	Used None Lap Only 3-point O 4-point Used Used Used	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City:	ZIP:	Include o	Seat OLeft OCenter ORight OUnknown Row: OLeft	ONONE ONONE ONONE ONONE ONONE ONONE	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: State: Country:_ OPassenger City: State:	ZIP:	Include of	Seat OLeft OCenter OUnknown Row: OLeft OCenter ORight	Ontinue on Salinjury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	tif necessary) ype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point One Lap Only 3-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country:_ OPassenger City: State:	ZIP:	ther	Seat OLeft OCenter Olynknown Row: OLeft OCenter ORight OCenter ORight OUnknown	ONONE OMINOT OFatal ONONE OMINOT OFatal OUnknown ONONE OMINOT OSerious OFatal	Restraint T Available O None O Lap Only O3-point O4-point O5-point OUnknown Available O None O Lap Only O3-point O None O Lap Only O3-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Double Deployed Deployed Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: State: Country:_ OPassenger City: State:	ZIP:	ther	Seat OLeft OCenter OUnknown Row: OLeft OCenter ORight	Ontinue on Salinjury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	tif necessary) type Used O None O Lap Only O 3-point O 4-point O 5-point Used O None O Lap Only O 3-point Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name:	City: State: Country: OPassenger City: State: Country:_ OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row: Row: Row: Row:	ONONE OMINOT OSETIOUS ONONE OMINOT OSETIOUS OFATAI OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point	tif necessary) type Used None Clap Only 3-point 4-point 5-point Unknown Used None Clap Only 3-point Used None Used Used	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country:	ZIP:	ther	Seat OLeft OCenter Olynknown Row: OLeft OCenter ORight OCenter ORight OUnknown	ONONE OMINOT OFatal ONONE OMINOT OFatal OUnknown ONONE OMINOT OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O4-point	tif necessary) type Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only Uspoint Unknown Used None Lap Only Uspoint Unknown Used None Used None Used None Used None	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: Country: OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OUnknown Row:	ONONE OMINOT OSCIOUS OFATAI OUNKNOWN ONONE OMINOT OSCIOUS OFATAI OUNKNOWN ONONE OMINOT OSCIOUS OFATAI OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point	tif necessary) type Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Unknown Not Installed Installed Installed Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, If Under 5, If Under 5 years If Under 5 years
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: Country: Country: Country: State: Country: State: State: State:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row:	ONONE ONONE OMINOT OSCIOUS OFATAI OUNKNOWN ONONE OSTIOUS OFATAI OUNKNOWN ONONE OMINOT ONONE OMINOT ONONE OMINOT	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O4-point	tif necessary) ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew Crew Crew Crew Crew Crew	City: State: Country: OPassenger City: State: Country: OPassenger City: Country: OPassenger City: State: Country: OPassenger	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONONE OMinor OSerious OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point	tif necessary) ype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only Used None Lap Only Used None Used None Lap Only Used None Used None Used None Used None Used	Inflatable Restraints Not Installed Not Deployed Deployed Unknown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Unknown Not Deployed Unknown Not Deployed Unknown	Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Chy: State: Country: Country: Country: Country: Country: Country: Country:	ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OLeft OCenter ORight OUnknown Row:	ONONE ONONE OMINOT OSCITIONS OFATAI OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O5-point OUnknown OVAIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	tif necessary) type Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Mone O Lap Only O None Used O None Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O None O None O None	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed Unknown Not Installed	Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown Under 5 years If Under 5, Ochild Restraint OLap-Held OUnknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country: Country: Country: Country: State: State: State: Country: Country: State: State: State:	ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONONE OMINOT ONONE OMINOT OSCIOUS OFATAI OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O1-point	tif necessary) ype Used None Clap Only 3-point 4-point 5-point Unknown Used None Clap Only 3-point 4-point 5-point Unknown Used None Clap Only 3-point Used None Clap Only 3-point Unknown Used None Clap Only 3-point Unknown Used None Clap Only 3-point 4-point 5-point Unknown Used None Clap Only 3-point One Clap Only 3-point One Clap Only One Clap Onl	Inflatable Restraints Not Installed Not Deployed Deployed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country: Country: Country: Country: State: State: State: Country: Country: State: State: State:	ZIP:	ther ther	Seat OLeft OCenter ORight OUnknown Row:	ONONE ONONE OMINOT OSCIOUS OFATAI OUNKNOWN	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O1-point O4-point O5-point OUnknown	tif necessary) ype Used None O Lap Only 3-point 4-point O S-point Unknown Used None O Lap Only 3-point 4-point 4-point Unknown Used None C Lap Only 3-point Unknown Used None O Lap Only O S-point O Unknown Used O None O Lap Only O S-point O Lap Only	Inflatable Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

ELIQUE ITINES ASVINES DI	ATION	Marie 1791 Barrell	The agreement			Mariana and Mariana
FLIGHT ITINERARY INFORM Last Departure Point Airport ID: City: Apopto State: Flored Country: USA Type of ATC Clearance/Service (Check None Special VFI VFR IFR Airspace where the accident/incident of Class A Class B	Time of Departure Time:	Airport ID: City: State: Country: ecial IFR R On Top	NOF PURIO USA	□ VFR Flight Folks □ Traffic Advisory □ Special □ Air Traffic Contr	owing	VFR O VFR/IFR VFR O IFR FR O Unknown OYes O No O Unknown Cruise Unknown / NA Altitude of In-Flight Occurrence:
☐ Class C ☐ Warning An ☐ Class D ☐ Prohibited A	rea			Unknown		ft msl
☐ Class E ☐ Restricted A		V-V-10000000000000000000000000000000000	T CITE			
WEATHER INFORMATION A Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather	Company Military Internet None Unknown	minging an	Weather Observation Time Zone: Distance from A	me:Accident Site:		_ nm
Basic Conditions OVMC OIMC OURknown	Light Condit ODawn ODay	ODusk ONight	O Dark		known	
Sky/Lowest Cloud Condition O Clear O Thin Broke O Few O Thin Over O Partial Obscuration O Unknown O Scattered Lowest Cloud Condition Height ft agl		0	Obscured Indefinite Unknown		(C)	(F) or(F) or(F)in. HgMB
Direction:degrees true Speed:	and Variable rkts	Wind Gusts Not Gustin -or- Speed:	ng	RVV Density Altitu		fcct miles
Intensity of Precipitation	Snow Pelle	Freezin Snow S	Shower lets Shower	None Blowing Di Blowing Sa Blowing Sn Blowing Sp Dust	Ist G	og iround Fog
Icing Forecast Amount Type O None O N/A O Trace O Rime O Light O Clear O Moderate O Mixed O Severe O Unknown	Icing Actual Amount O None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rim O Clea O Mix O Unk	r ed	Turbulence Type (Check a None Clear Air Terrain-Ind	uced	Severity Light Moderate Severe Extreme
NOTAMs (D and FDC), AIRMET	s, SIGMETs, PIREI	es in effect at	the time of t	he accident/inci	dent:	

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Once & Substantial OMinor ODEstroyed OIN-Flight OTHER PROPERTY ONce & Substantial OMinor ODEstroyed OIN-Flight OTHER PROPERTY Aircraft Explosion ONce ODEstroyed OIN-Flight OFF at Unknown Time On-Ground Outhonown On-Ground Outho
O None O Minor O Destroyed O Unknown O Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft Sustainal O Amage The Count Aircraft Aircraf
O Minor O Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft Sustained damage to left wing. HANS AR CAUSING WINOR damage to Hans for print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) AIRCRAF SUSTAIN EL CAMPAGE to LEFT WING. HANS AR CAUSING WINOR SAMMAGE to HAND SAMMAGE NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Aircraft Sustained damage to left wing. Aircraft impacked thanks are causing minor damage to thanks are causing minor damage to Hans are NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Aircraf Sustained damage to left wing. Aircraft impress HANGAR CAUSING WINDS damage to HANGAR NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
NARRATIVE HISTORY OF FLIGHT (Please type or print in ink) Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended
wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended

RECOMMENDATION (How	could this a	ccident/incident ha	ve been prev	ented?)					
Operator/Owner Safety Recomme									
SET)									
				September 2	us symptometry and				
MECHANICAL MALFUN			e space is no	eded, co	ntinue on separ	rate sheet)		I	
Was there Mechanical Malfunct (If yes, list the name of the part, manu,	tion/Failur	e? Yes No	cribe the faile.	e.)				Total Tim On Part	e/Cycles
(1) yes, ust the name of the part, manu,	jaciurer, par	. по., зенан по., ана де:	не јани	/					Hours
									Cycles
								Control of the control of	e This Part Overhauled
								Inspected	
									Hours
					NAMES OF TAXABLE PARTY.	Name of the last o	A SOUND HOUSE		RAISTMERSTON CONTRA
FUEL & SERVICES INFO	ORMATI								
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other.	specify		
	Gallons	O 100 Low Lead	O Jet A O Jet A-1		O JP8 Automotive				
Other Services, if Any, Prior to		O 100/130	Jet A-1		Addomotive				
Other Services, it Any, Prior to	~ shartare								
	D. Fr		gent management	Maria Barrier	egrado de dese	regaleako			
EVACUATION OF AIRC				4					
Was an emergency evacuation			☐ Yes	No	1 1 .				
Method of Exit - Describe how	the occupan	its exited and how m	any occupant		ed each location				
opened too	e An	ld Climbe	ed out						
,									
				S-102-18-18-2		Page 18		5	Contract Contract
OTHER AIRCRAFT - CO					emplete this sec	uon for off			er Aircraft
Aircraft Registration Number		urer:					□ D	Destroyed	☐ Minor
	Model: _			Pil-1 6	Othor Almon			ubstantial	☐ None
Registered Owner of Other Air					Other Aircraft	•			
Name:				Name: _ City:					
State:ZIP:				State: _		ZIP:			
Country:				Country	/;				

ADDITIONAL INFO	RMATIO	N (Please type or print in ink)			
Use this space if addit	ional space i	s needed for any answers.			
E2					
					1.
					:0
					"
I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPLE	TE AND ACCURATE TO THE	BEST OF N	IY KNOWLEDGE
Date of this Report	Name of I		and ings		
1/6/22	Signature	: -4	9		
mm/dd/yyyy	or	Check here to electronically sign this c	document		
If a Person Other tha	an Pilot/Op	erator is Filing Report			
Name:			Title:		
- or 🗆 C	heck here to	electronically sign this document			
		FOR NTSB I	USE ONLY		
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator Lynn Spencer		Date Report Received 1/6/2022
ERA22LA	1093	AS-ERA	Lymi openeer		1/0/2022