

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

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

| BASIC INFORMATION | |
|--|---|
| Accident/Incident Location Nearest City/Place: <u>McKINNEY</u> State: <u>TX</u> ZIP: <u>75071</u> Country: <u>USA</u> Latitude: <u>TS63</u> Longitude: <u>TS63</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | Accident/Incident Date/Time Date: <u>07-15-2022</u> Local Time: <u>8¹⁵ AM</u> <i>mm/dd/yyyy</i> Time Zone: <u>CENTRAL</u> |
| Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None | |

| AIRCRAFT INFORMATION | |
|---|--|
| Registration Number: <u>N5292G</u> Manufacturer: <u>CESSNA</u> Model: <u>305A</u> Serial Number: <u>22515</u> Year of Manufacture: <u>1965</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> 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>2300</u> lbs Weight at Time of Accident/Incident: <u>2052</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u> |

| Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown | Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown | Standard | Special | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | <input type="checkbox"/> Experimental Light-Sport | Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown | Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
|--|--|----------|---------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|---|--|
| Standard | Special | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Aerobatic | <input type="checkbox"/> Limited | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Experimental Light-Sport | | | | | | | | | | | | | | | | | | |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|---|
| Eng. 1 | CONTINENTAL | 0470-11B | 104229 | NA | 213 | NA | 158.1 |
| Eng. 2 | | | | | | | |
| Eng. 3 | | | | | | | |
| Eng. 4 | | | | | | | |

| | | |
|---|--|--|
| Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>12-19-2021</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>150.1</u> hrs hours measured at (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>McCAULEY</u> Model: <u>LA200 FM 9047</u> | Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____ |
| Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____ | ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>EBC</u> Model or Part No.: <u>40LP AP</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input checked="" type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown | Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input 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 checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____ |
| Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____ | | |

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: DANNY AND PAT DOYLE City: McKINNEY
 State: TX ZIP: 75091
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft Same As Registered Owner Same Address as Registered Owner
 Name: _____ City: _____
 Doing Business As: _____ State: _____ ZIP: _____
 Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

| | | |
|--|--|--|
| Operating Certificates Held <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft | Regulation Flight Conducted Under <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437 <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown | Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only |
| | Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No | Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No |

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: SQUARE AIR Distance From Airport Center: _____ sm
 Airport Identifier: TS63 Direction From Airport: _____ degrees true
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A
 Airport Elevation: 650 ft. msl

| | |
|--|--|
| Runway Information Runway ID: <u>12/36</u> (L/R/C) Length: <u>1700</u> ft Width: <u>150</u> ft | Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Slush-Covered <input checked="" type="checkbox"/> Vegetation <input type="checkbox"/> Unknown |
| Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown | |

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 <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Unknown | VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown |
|--|--|

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification
 First Name: DANNY DOYLE City of Residence: MCKINNEY
 Middle Initial: G State: TX ZIP: 75071
 Last Name: DOYLE Country: USA
 Age at time of Accident/Incident: 76 Date of Birth: mm/dd/yyyy
 Certificate Number:

| Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious | Seat Occupied <input type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single | Restraint Type <table style="width:100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | Inflatable Restraints <input checked="" 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="radio"/> None | <input type="radio"/> None | | | | | | | | | | | | | | | | |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only | | | | | | | | | | | | | | | | |
| <input type="radio"/> 3-point | <input type="radio"/> 3-point | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | | | | | | | | | | | | | | |

| | |
|--|---|
| Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" 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 | Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance |
|--|---|

Medical Certificate Limitations
BASIC MEDICAL - FAA APPROVED

Medical Certificate Special Issuance
BASIC MEDICAL - FAA APPROVED

| | |
|--|--|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05-14-2021</u> mm/dd/yyyy | Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>182B</u> |
|--|--|

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

| | |
|---|---|
| Type Ratings <u>PRIVATE PILOT</u> | 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 | 1187 | 25 | 1187 | — | 3 | — | — | — | — | — |
| Pilot in Command (PIC) | 1189 | 25 | 1187 | — | 3 | — | — | — | — | — |
| Time as Instructor | 0 | 0 | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 5 | 2 | | | | | | | | |
| Last 30 Days | 2 | 1 | | | | | | | | |
| Last 24 Hours | — | — | | | | | | | | |

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification
 First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

| Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious | Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single | Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | Inflatable Restraints <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="radio"/> None | <input type="radio"/> None | | | | | | | | | | | | | | | | |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only | | | | | | | | | | | | | | | | |
| <input type="radio"/> 3-point | <input type="radio"/> 3-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> 4-point | <input type="radio"/> 4-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> 5-point | <input type="radio"/> 5-point | | | | | | | | | | | | | | | | |
| <input type="radio"/> Unknown | <input type="radio"/> Unknown | | | | | | | | | | | | | | | | |

Pilot Certificate(s) (Check all that apply)
 None Flight Instructor Commercial US Military
 Private Recreational Airline Transport Foreign
 Student Sport Flight Engineer

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

Medical Certificate Limitations

Medical Certificate Special Issuance
 [REDACTED]

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

| | | | |
|---|--|--|---|
| Airplane Rating(s) (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 | Other Aircraft Rating(s) (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 | Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift | Instructor Rating(s) (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 |
|---|--|--|---|

| | |
|---------------------|---|
| 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 | | | | | | | | | | |

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

| | | | |
|---|--|---|--|
| Crew Name and Address | | Seat Occupied | Injury |
| First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown |
| Pilot Certificate(s) (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 | | Restraint Type: Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

| | | | |
|---|--|---|--|
| Crew Name and Address | | Seat Occupied | Injury |
| First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ | | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown |
| Pilot Certificate(s) (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 | | Restraint Type: Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | |

PASSENGER(S)/OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

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

FLIGHT ITINERARY INFORMATION

| | | | |
|---|---|--|--|
| Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____ | Time of Departure Time: _____ Time Zone: _____ | Destination Airport ID: _____ City: _____ State: _____ Country: _____ | Type Flight Plan Filed <input type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|---|---|--|--|

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

| | | | | |
|-------------------------------|--------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise |
| <input type="checkbox"/> VFR | <input type="checkbox"/> IFR | <input type="checkbox"/> VFR On Top | <input type="checkbox"/> Traffic Advisory | <input type="checkbox"/> Unknown / NA |

Airspace where the accident/incident occurred (Check all that apply)

| | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area | <input type="checkbox"/> Airport Advisory Area | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area | <input type="checkbox"/> Jet Training Area | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA | |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93 | |

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | |
|---|---|
| Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather | Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true |
|---|---|

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

| | | |
|---|---|---|
| Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl | Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl | Temperature [REDACTED] (F) [REDACTED] or [REDACTED] (F) [REDACTED] in. Hg [REDACTED] MB |
|---|---|---|

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

| | | |
|---|---|--|
| Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown | Type of Precipitation (Check all that apply) <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 | Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|---|---|--|

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

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

| | | | | | |
|-----------------------------|--|---------------------------------------|---|---------------------------------------|---|
| Aircraft Damage | | Aircraft Fire | | Aircraft Explosion | |
| <input type="radio"/> None | <input type="radio"/> Substantial | <input checked="" type="radio"/> None | <input type="radio"/> Both Ground and In-Flight | <input checked="" type="radio"/> None | <input type="radio"/> Both Ground and In-Flight |
| <input type="radio"/> Minor | <input checked="" type="radio"/> Destroyed | <input type="radio"/> In-Flight | <input type="radio"/> Fire at Unknown Time | <input type="radio"/> In-Flight | <input type="radio"/> Explosion at Unknown Time |
| | <input type="radio"/> Unknown | <input type="radio"/> On-Ground | <input type="radio"/> Unknown | <input type="radio"/> On-Ground | <input type="radio"/> Unknown |

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

DAMAGE TO NOSE, RIGHT WING, LEFT WING, AND TAIL

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.

- EARLY MORNING FLIGHT WITH VERY GOOD WEATHER.
- AIRWORK TO THE EAST OF COLLIN COUNTY.
- CONTACTED MCKINNEY CONTROL TOWER AS I ENTERED A LEFT TRAFFIC PATTERN FOR RUNWAY 18 WITH CALM WINDS.
- ADDED ONE NOTCH OF FLAPS AND TURNED BASE TO FINAL AT 80 MPH.
- FINAL TOO HIGH AND REDUCED AIRSPEED TO LOSE ALTITUDE.
- NEAR THE TOUCH DOWN AREA STALL HORN SOUNDED.
- THE AIRCRAFT PITCHED UP AND LEFT WING DROPPED AND LEFT WING HIT THE GROUND.
- PILOT ERROR - I NEVER ADDED POWER.

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

Operator/Owner Safety Recommendation

- BETTER PATTERN WORK.
- MORE ATTENTION TO AIRSPEED.

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

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

Total Time/Cycles On Part

_____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

| | | | | |
|--|---|--|--|--|
| Fuel on Board at Last Takeoff (Convert from pounds, as necessary) _____ Gallons | Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive | | | |
| | Other Services, if Any, Prior to Departure JUST PRE FLIGHT AIRCRAFT. | | | |

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

RIGHT SIDE DOOR WAS FORCED OPEN DURING THE CRASH.

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.

NA / [REDACTED]

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

| | |
|---|--|
| Date of this Report <u>07-21-2022</u> <small>mm/dd/yyyy</small> | Name of Pilot/Operator: <u>DANNY G. DOYLE</u> Signature: <u>[REDACTED]</u> -- or -- <input type="checkbox"/> 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. CEN22LA325 | Reviewed by NTSB Regional Office DENVER, CO | Name of Investigator AGUILERA | Date Report Received 22 JUL 2022 |