

**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: MT Sterling State: KY
 ZIP: _____ Country: USA
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 03/24/2023 Local Time: 2:23P
mm dd/yyyy Time Zone: EASTERN
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N146MS
Manufacturer: Piper
Model: PA-46
Serial Number: _____
Year of Manufacture: 1990?
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 4300 lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 6 Flight Crew Seats: 2
 Cabin Crew Seats: 0 Passenger Seats: 4
Number of Engines: 1

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

Type of Airworthiness Certificate
(Check all that apply)

| | |
|-----------------------------------------------|---------------------------------------------------|
| Standard | Special |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted |
| <input checked="" 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 |

 Certificate of Authorization or Waiver (COA)
 None Unknown

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

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

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm dd/yyyy | Rated Power Horsepower or lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|-----------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>Lycoming</u> | | | | <u>350</u> | | | |
| Eng. 2 | | | | | | | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual
 Unknown

Propeller 1
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: MT
 Model: MTV-14-B/195-36A

Propeller 2
 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Date Last Inspection: _____
mm dd/yyyy
Airframe Total Time: _____ hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

ELT Installed: Yes No
 If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
C126 (406 MHz)

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

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

Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
 If activated:
Did ELT Aid in Locating Aircraft? Yes No
 If not activated:
Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Description of Fire Extinguishing System
 None
 Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
 Name: Ritchie Shields & Chad Gallager City: Arkadelphia
 State: AR ZIP: 71923
 Fractional Ownership Aircraft: Yes No Country: USA

Operator of Aircraft *Same As Registered Owner* City: Arkadelphia
 Name: _____ State: AR ZIP: 71923
 Doing Business As: _____ Country: _____
 Air Carrier/Operator Designator (4 Character Code): _____

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

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

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft | Condition of Runway/Landing Surface <i>(Check all that apply)</i> 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 |
| Runway/Landing Surface <i>(Check all that apply)</i> Asphalt Grass/Turf Macadam Water Concrete Gravel Metal/Wood Dirt Ice Snow 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 Aborted Landing (after touchdown)
 Crosswind Unknown

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

"FLIGHT CREWMEMBER 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: FREDERICK City of Residence: HOT SPRINGS VILLAGE
 Middle Initial: F. State: ARKANSAS ZIP: 71909
 Last Name: COOPER Country: USA
 Age at time of Accident/Incident: 65 Date of Birth: 1957 mm/dd/yyyy
 Certificate Number: _____

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Degree of Injury <input checked="" type="radio"/> None Fatal <input type="radio"/> Minor Unknown <input type="radio"/> Serious | Seat Occupied <input checked="" type="radio"/> Left Front Unknown <input type="radio"/> Right Rear <input type="radio"/> Center Single | Restraint Type | | Inflatable Restraints <input type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown | |
| | | Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" 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 checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | | |
| Pilot Certificate(s) (Check all that apply) | | | | | |
| <input type="radio"/> None <input type="radio"/> Private <input type="radio"/> Student | <input type="radio"/> Flight Instructor <input type="radio"/> Recreational <input type="radio"/> Sport | <input type="radio"/> Commercial <input type="radio"/> Airline Transport <input type="radio"/> Flight Engineer | <input type="radio"/> US Military <input type="radio"/> Foreign | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown | Medical Certificate <input type="radio"/> None <input type="radio"/> Class 1 <input checked="" type="radio"/> Class 2 <input type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown | Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Special Issuance | Date of Last Medical <input type="radio"/> Unknown <input type="radio"/> N/A <u>05/23/2023</u> mm/dd/yyyy |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

Medical Certificate Limitations
CORRECTIVE LENSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 12/23/2022 mm/dd/yyyy
Flight Review Aircraft
 Make: PIPER
 Model: MALIBU PA-46

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

Type Ratings
B1-65 SIC

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 | 8700 | 112 | 2484 | 4622 | 867 | 288 | 52 | | | |
| Pilot in Command (PIC) | 4000 | 112 | | | | | | | | |
| Time as Instructor | 1926 | | | | | | | | | |
| This Make/Model | | | | | | | | | | |
| Last 90 Days | 114 | 66 | 114 | 0 | 6.7 | 10 | | | | |
| Last 30 Days | 49 | 14 | 49 | 0 | 1.0 | | | | | |
| Last 24 Hours | 3.7 | 3.7 | 3.7 | 0 | 0 | 1 | | | | |

"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: _____

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|
| Degree of Injury None Fatal Minor Unknown Serious | | Seat Occupied Left Front Unknown Right Rear Center Single | | | Restraint Type Available None Lap only 3-point 4-point 5-point Unknown | | Used None Lap only 3-point 4-point 5-point Unknown | | Inflatable Restraints Not Installed Installed Not Deployed Deployed 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 Pilot Other Unknown | Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown | Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance | Date of Last Medical mm/dd/yyyy |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

Medical Certificate Limitations

Medical Certificate Special Issuance

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| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy | Flight Review Aircraft Make: _____ Model: _____ |
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| Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea | Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift | Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift | Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift | Instrument Airplane Instrument Helicopter Helicopter Glider 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: _____ | | | Left | Front | None | | |
| Middle Initial: _____ | | State: _____ | | Center | Rear | Minor | | | |
| Last Name: _____ | | Country: _____ | | | Right | Single | Serious | | |
| | | | | | | Unknown | Fatal | | |
| | | | | | | | Unknown | | |
| Pilot Certificate(s) (Check all that apply) | | | | | Restraint Type: | | | Inflatable Restraints | |
| None | | Flight Instructor | | Commercial | | US Military | | | |
| Private | | Recreational | | Airline Transport | | Foreign | | | |
| Student | | Sport | | Flight Engineer | | | | | |
| | | | | | Available | Used | | | |
| | | | | | None | None | | | |
| | | | | | Lap Only | Lap Only | Not Installed | | |
| | | | | | 3-point | 3-point | Installed | | |
| | | | | | 4-point | 4-point | Not Deployed | | |
| | | | | | 5-point | 5-point | Deployed | | |
| | | | | | Unknown | Unknown | Unknown | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | |
| Yes | | No | | | | | | | |
| Crew Name and Address | | | | | Seat Occupied | | | Injury | |
| First Name: _____ | | City of Residence: _____ | | | Left | Front | None | | |
| Middle Initial: _____ | | State: _____ | | Center | Rear | Minor | | | |
| Last Name: _____ | | Country: _____ | | | Right | Single | Serious | | |
| | | | | | | Unknown | Fatal | | |
| | | | | | | | Unknown | | |
| Pilot Certificate(s) (Check all that apply) | | | | | Restraint Type: | | | Inflatable Restraints | |
| None | | Flight Instructor | | Commercial | | US Military | | | |
| Private | | Recreational | | Airline Transport | | Foreign | | | |
| Student | | Sport | | Flight Engineer | | | | | |
| | | | | | Available | Used | | | |
| | | | | | None | None | | | |
| | | | | | Lap Only | Lap Only | Not Installed | | |
| | | | | | 3-point | 3-point | Installed | | |
| | | | | | 4-point | 4-point | Not Deployed | | |
| | | | | | 5-point | 5-point | Deployed | | |
| | | | | | Unknown | Unknown | Unknown | | |
| Type Rating/Endorsement for Accident/Incident Aircraft? | | | | Total Flight Time at the Time of this Accident/Incident: _____ hrs | | | | | |
| Yes | | No | | | | | | | |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) | | | | | | | | | |
| Name and Address | | | | Seat | Injury | Restraint Type | | Inflatable Restraints | Age |
| First Name: _____ | | City: _____ | | Left Center Right Unknown | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | | State: _____ ZIP: _____ | | | | None | None | | |
| Last Name: _____ | | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | | 3-point | 3-point | | |
| Crew | | Passenger | | Other | Other | 4-point | 4-point | | |
| | | | | Row: _____ | | 5-point | 5-point | | |
| | | | | | | Unknown | Unknown | | |
| First Name: _____ City: _____ | | | | Left Center Right Unknown | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | | State: _____ ZIP: _____ | | | | None | None | | |
| Last Name: _____ | | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | | 3-point | 3-point | | |
| Crew | | Passenger | | Other | Other | 4-point | 4-point | | |
| | | | | Row: _____ | | 5-point | 5-point | | |
| | | | | | | Unknown | Unknown | | |
| First Name: _____ City: _____ | | | | Left Center Right Unknown | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | | State: _____ ZIP: _____ | | | | None | None | | |
| Last Name: _____ | | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | | 3-point | 3-point | | |
| Crew | | Passenger | | Other | Other | 4-point | 4-point | | |
| | | | | Row: _____ | | 5-point | 5-point | | |
| | | | | | | Unknown | Unknown | | |
| First Name: _____ City: _____ | | | | Left Center Right Unknown | None Minor Serious Fatal Unknown | Available | Used | Not Installed Installed Not Deployed Deployed Unknown | Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown |
| Middle Initial: _____ | | State: _____ ZIP: _____ | | | | None | None | | |
| Last Name: _____ | | Country: _____ | | | | Lap Only | Lap Only | | |
| | | | | | | 3-point | 3-point | | |
| Crew | | Passenger | | Other | Other | 4-point | 4-point | | |
| | | | | Row: _____ | | 5-point | 5-point | | |
| | | | | | | Unknown | Unknown | | |

FLIGHT ITINERARY INFORMATION

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Departure Point Airport ID: <u>KIOB</u> City: <u>MT Sterling</u> State: <u>KY</u> Country: <u>USA</u> | Time of Departure Time: <u>2:00</u> Time Zone: <u>EASTERN</u> | Destination Airport ID: <u>ADF</u> City: <u>Arkadelphia</u> State: <u>AR</u> Country: <u>USA</u> | Type Flight Plan Filed None <input type="checkbox"/> VFR/IFR Company VFR <input type="checkbox"/> <u>IFR</u> Military VFR <input type="checkbox"/> Unknown VFR <input type="checkbox"/> Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

| | | | | |
|----------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| Class A <input type="checkbox"/> | Class G <input type="checkbox"/> | Military Operations Area (MOA) <input type="checkbox"/> | Special Air Traffic Control Area <input type="checkbox"/> | Altitude of In-Flight Occurrence: <u>14,000</u> ft msl |
| 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 <input type="checkbox"/> | | |

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

| | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------|-------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------------------------|-------------------------------|-------------------------------------------------------------|----------------------------------|-------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Source of Pilot Weather Information (Check all that apply) <table style="width: 100%;"> <tr> <td>National Weather Service <input type="checkbox"/></td> <td>Company <input type="checkbox"/></td> </tr> <tr> <td>Flight Service Station <input type="checkbox"/></td> <td>Military <input type="checkbox"/></td> </tr> <tr> <td>TV/Radio <input type="checkbox"/></td> <td>Internet <input type="checkbox"/></td> </tr> <tr> <td>Automated Report <input checked="" type="checkbox"/></td> <td>None <input type="checkbox"/></td> </tr> <tr> <td>Commercial Weather Service (DUATS) <input type="checkbox"/></td> <td>Unknown <input type="checkbox"/></td> </tr> <tr> <td>On-Board Weather <input type="checkbox"/></td> <td></td> </tr> </table> | 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 checked="" type="checkbox"/> | None <input type="checkbox"/> | Commercial Weather Service (DUATS) <input type="checkbox"/> | Unknown <input type="checkbox"/> | On-Board Weather <input type="checkbox"/> | | Weather Observation Facility Facility ID: <u>KLEX</u> Observation Time: <u>1400</u> Time Zone: <u>EASTERN</u> Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true |
| 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 checked="" type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | |
| Commercial Weather Service (DUATS) <input type="checkbox"/> | Unknown <input type="checkbox"/> | | | | | | | | | | | | |
| On-Board Weather <input type="checkbox"/> | | | | | | | | | | | | | |

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Sky/Lowest Cloud Condition Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <input type="checkbox"/> | Ceiling None (Clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> <u>Overcast</u> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> | Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB |
| Lowest Cloud Condition Height <u>10,000</u> ft agl | Ceiling Height <u>9000</u> ft agl | |

| | | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Wind Direction Variable -or- Direction: _____ degrees true | Wind Speed Calm <input type="checkbox"/> <u>Light and Variable</u> <input checked="" type="checkbox"/> -or- Speed: _____ kts | Wind Gusts <u>Not Gusting</u> <input checked="" type="checkbox"/> -or- Speed: _____ kts | Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft |
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| Intensity of Precipitation <u>Light</u> <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/> | Type of Precipitation (Check all that apply) <table style="width: 100%;"> <tr> <td>None <input type="checkbox"/></td> <td>Drizzle <input type="checkbox"/></td> <td>Freezing Rain <input type="checkbox"/></td> </tr> <tr> <td><u>Rain</u> <input checked="" type="checkbox"/></td> <td>Ice Pellets <input type="checkbox"/></td> <td>Snow Shower <input type="checkbox"/></td> </tr> <tr> <td>Snow <input type="checkbox"/></td> <td>Snow Pellets <input type="checkbox"/></td> <td>Ice Pellets Shower <input type="checkbox"/></td> </tr> <tr> <td>Hail <input type="checkbox"/></td> <td>Snow Grains <input type="checkbox"/></td> <td>Freezing Drizzle <input type="checkbox"/></td> </tr> <tr> <td>Rain Showers <input type="checkbox"/></td> <td>Ice Crystals <input type="checkbox"/></td> <td></td> </tr> </table> | None <input type="checkbox"/> | Drizzle <input type="checkbox"/> | Freezing Rain <input type="checkbox"/> | <u>Rain</u> <input checked="" type="checkbox"/> | Ice Pellets <input type="checkbox"/> | Snow Shower <input type="checkbox"/> | Snow <input type="checkbox"/> | Snow Pellets <input type="checkbox"/> | Ice Pellets Shower <input type="checkbox"/> | Hail <input type="checkbox"/> | Snow Grains <input type="checkbox"/> | Freezing Drizzle <input type="checkbox"/> | Rain Showers <input type="checkbox"/> | Ice Crystals <input type="checkbox"/> | | Restriction to Visibility (Check all that apply) <table style="width: 100%;"> <tr> <td>None <input type="checkbox"/></td> <td>Fog <input type="checkbox"/></td> </tr> <tr> <td>Blowing Dust <input type="checkbox"/></td> <td>Ground Fog <input type="checkbox"/></td> </tr> <tr> <td>Blowing Sand <input type="checkbox"/></td> <td>Haze <input type="checkbox"/></td> </tr> <tr> <td>Blowing Snow <input type="checkbox"/></td> <td>Ice Fog <input type="checkbox"/></td> </tr> <tr> <td>Blowing Spray <input type="checkbox"/></td> <td>Smoke <input type="checkbox"/></td> </tr> <tr> <td>Dust <input type="checkbox"/></td> <td>Unknown <input type="checkbox"/></td> </tr> </table> | None <input type="checkbox"/> | Fog <input type="checkbox"/> | Blowing Dust <input type="checkbox"/> | Ground Fog <input type="checkbox"/> | Blowing Sand <input type="checkbox"/> | Haze <input type="checkbox"/> | Blowing Snow <input type="checkbox"/> | Ice Fog <input type="checkbox"/> | Blowing Spray <input type="checkbox"/> | Smoke <input type="checkbox"/> | Dust <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| None <input type="checkbox"/> | Drizzle <input type="checkbox"/> | Freezing Rain <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Rain</u> <input checked="" type="checkbox"/> | Ice Pellets <input type="checkbox"/> | Snow Shower <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snow <input type="checkbox"/> | Snow Pellets <input type="checkbox"/> | Ice Pellets Shower <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hail <input type="checkbox"/> | Snow Grains <input type="checkbox"/> | Freezing Drizzle <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rain Showers <input type="checkbox"/> | Ice Crystals <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None <input type="checkbox"/> | Fog <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Dust <input type="checkbox"/> | Ground Fog <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Sand <input type="checkbox"/> | Haze <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Snow <input type="checkbox"/> | Ice Fog <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blowing Spray <input type="checkbox"/> | Smoke <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dust <input type="checkbox"/> | Unknown <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:
NONE

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
 Minor
 Substantial
 Destroyed
 Unknown

Aircraft Fire

None
 In-Flight
 On-Ground

Both Ground and In-Flight
 Fire at Unknown Time
 Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

Both Ground and In-Flight
 Explosion at Unknown Time
 Unknown

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

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

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

On Friday, March 24, 2023 @ About 1326 EDT I was on a flight from MT Sterling, Kentucky Airport to DeQueen Arkansas in Malibu N146MS. After I took off, I advised Lexington Approach, and they instructed me to contact Indy Center. After I made contact with them, I was cleared to climb to 16,000 ft. and navigate to destination. As I was climbing, then 14,000 ft I noticed that the airspeed had started to drop about 10-15 kts. I checked the wings for ice and did not see any accumulation. I reached over and turned on the pitot heat. Suddenly the PFD & MFDs began displaying red Xs and then went black. The autopilot abruptly pushed the yoke forward and I was in a descent with no instruments. The whole aircraft began shaking so violently that I was unable to read my standby instruments. I immediately disconnected the autopilot. I was in a descent and as the aircraft emerged into VMC conditions I realized that I was in a descending right turn, about to go inverted. I muscled the yoke to the left to stop the turn and was able to bring the nose up to stop further altitude decay. At this time the PFD & MFD came back online and as I leveled, I was back on the heading I had been on originally. The controller asked me what had happened because he noticed that my altitude had decreased by 5000 ft. I told him that I had lost all my instruments and the autopilot had pushed me into a dive. I told the controller that I had recovered and that the instruments were back on and everything was working fine. I continued to climb to 16000 ft and the rest of the flight proceeded uneventfully.

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

Operator/Owner Safety Recommendation

The checklist should include having the Pitot heat on in all phases of flight.

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) | Fuel Type | 115/145 | Jet B | Other, specify _____ |
| | 80/87 | Jet A | JP8 | |
| 90 Gallons | 100 Low Lead | Jet A-1 | Automotive | |
| | 100/T30 | | | |

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

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

| | | |
|------------------------------|---------------------|-------------------------------------------------------------------------|
| Aircraft Registration Number | Manufacturer: _____ | Damage to Other Aircraft Destroyed Minor Substantial None |
| | Model: _____ | |

| | |
|------------------------------------|-------------------------|
| Registered Owner of Other Aircraft | Pilot of Other Aircraft |
| Name: _____ | Name: _____ |
| City: _____ | City: _____ |
| State: _____ ZIP: _____ | State: _____ ZIP: _____ |
| Country: _____ | Country: _____ |

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

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

Date of this Report 07/17/2023 Name of Pilot/Operator: Adelbert F. Cooper
mm/dd/yyyy Signature: [Redacted]
-- or -- Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report
Name: _____ Title: _____
Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

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|------------------------------------------|--------------------------------------------|--------------------------------------|------------------------------------|
| NTSB Accident/Incident No. WPR23LA236 | Reviewed by NTSB Regional Office WPR-AS | Name of Investigator Albert Nixon | Date Report Received 07/17/2023 |
|------------------------------------------|--------------------------------------------|--------------------------------------|------------------------------------|