

**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: Denton State: TX  
 ZIP: 76207 Country: USA  
 Latitude: 33.19N Longitude: 97.20W  
*(Enter in decimal degrees or degrees minutes seconds)*

**Accident/Incident Date/Time**  
 Date: 06/09/2021 Local Time: 2100  
*mm/dd/yyyy* Time Zone: 0200  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N4147J  
**Manufacturer:** Piper  
**Model:** Cherokee 140  
**Serial Number:** \_\_\_\_\_  
**Year of Manufacture:** \_\_\_\_\_  
**Amateur-Built:**  Yes *If Yes*  Kit/Plans *Make:* \_\_\_\_\_  
 No  Original Design

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** \_\_\_\_\_ lbs  
**Weight at Time of Accident/Incident:** \_\_\_\_\_ lbs  
**Number of Seats:** \_\_\_\_\_ Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
**Number of Engines:** 1

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

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

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

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

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

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

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

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

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

**Propeller 1**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

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

Was ELT still mounted in aircraft?  Yes  No  
 Was ELT still connected to antenna?  Yes  No  
 Did ELT Activate?  Yes  No  
*If activated*  
 Did ELT Aid in Locating Aircraft?  Yes  No  
*If not activated*

**Indicate Reason:**  
 Impact Damage  
 Fire Damage  
 Battery Expired/Damaged  
 Unknown

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

**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: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Joseph Starnes

City: [REDACTED]

State: [REDACTED]

Fractional Ownership Aircraft:  Yes  No

Country: [REDACTED]

**Operator of Aircraft** Same As Registered Owner Same Address as Registered OwnerName: Conner Satterfield

City: [REDACTED]

Doing Business As: CFI

State: [REDACTED]

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

Country: [REDACTED]

**Operating Certificates Held***(Check all that apply)*

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- FAR 91     FAR 129     FAR 415
- FAR 103     FAR 133     FAR 431
- FAR 121     FAR 135     FAR 435
- FAR 125     FAR 137     FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft *(Select one)*
  - Armed Forces
  - Federal
  - State
  - Local
- Unknown

**Revenue Operation for FAR 121, 125, 129, 135***(Select one for each group)*

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

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

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

**Revenue Sightseeing Flight** Yes  No**Air Medical Flight** Yes  No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Denton EnterpriseDistance From Airport Center: 1 smAirport Identifier: KDTODirection From Airport: 180 degrees trueProximity to Airport:  Off Airport/Airstrip     On Airport/Airstrip     N/AAirport Elevation: 642 ft. msl**Runway Information**Runway ID: 18R (L/R/C) Length: 5000 ft Width: 75 ft**Condition of Runway/Landing Surface** *(Check all that apply)***Runway/Landing Surface** *(Check all that apply)*

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

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

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

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

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

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

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

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

## "FLIGHT CREWMEMBER 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: Conner City of: [REDACTED]

Middle Initial: C State: [REDACTED]

Last Name: Satterfield Country: [REDACTED]

Age at time of Accident/Incident: [REDACTED] Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input checked="" type="radio"/> Lap only</td> <td><input checked="" 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 checked="" type="radio"/> Lap only | <input checked="" type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|----------------------------|----------------------------|-------------------------------------------|-------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                  | Used                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |      |                            |                            |                                           |                                           |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> None                                                                                                                                                                 | <input type="radio"/> None                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |      |                            |                            |                                           |                                           |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |
| <input checked="" type="radio"/> Lap only                                                                                                                                                  | <input checked="" 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)

|                                             |                                                       |                                                |                                      |
|---------------------------------------------|-------------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None               | <input checked="" type="checkbox"/> Flight Instructor | <input checked="" 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 checked="" type="checkbox"/> Student | <input type="checkbox"/> Sport                        | <input type="checkbox"/> Flight Engineer       |                                      |

|                                                                                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <b>Date of Last Medical</b><br><u>04/22/2016</u><br>mm/dd/yyyy |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

### Medical Certificate Limitations

None

### Medical Certificate Special Issuance

None

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

03/11/2021  
mm/dd/yyyy

### Flight Review Aircraft

Make: Cessna  
Model: 172

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

### Type Ratings

n/a

### 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                                                  | 499          | 100               | 470                    | 25                   | 94    | 19         | 70        |            |        |                  |
| Pilot in Command (PIC)                                      | 421          | 100               | 421                    | 0                    | 94    | 19         | 70        |            |        |                  |
| Time as Instructor                                          | 149          | 100               | 149                    | 0                    | 10    | 0          | 0         |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      | 10    | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 100          | 100               | 100                    | 0                    | 0     | 0          | 0         |            |        |                  |
| Last 30 Days                                                | 30           | 30                | 30                     | 0                    | 0     | 0          | 0         |            |        |                  |
| Last 24 Hours                                               | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         |            |        |                  |





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

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

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

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

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

## FLIGHT ITINERARY INFORMATION

|                                                                                                                          |                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KDTO</u><br>City: <u>Denton</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>2100</u><br>Time Zone: <u>0200</u> | <b>Destination</b><br>Airport ID: <u>KDTO</u><br>City: <u>Denton</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

|                                             |                                          |                                                         |                                                   |
|---------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Class A            | <input 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 checked="" 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:**  
642 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------|-------------------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|----------------------------------|-------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input checked="" type="checkbox"/> TV/Radio</td> <td><input checked="" type="checkbox"/> Internet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> National Weather Service | <input type="checkbox"/> Company | <input type="checkbox"/> Flight Service Station | <input type="checkbox"/> Military | <input checked="" type="checkbox"/> TV/Radio | <input checked="" type="checkbox"/> Internet | <input checked="" type="checkbox"/> Automated Report | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown | <input type="checkbox"/> On-Board Weather |  | <b>Weather Observation Facility</b><br>Facility ID: <u>KDTO</u><br>Observation Time: <u>2100</u><br>Time Zone: <u>CST</u><br>Distance from Accident Site: <u>1</u> nm<br>Direction from Accident Site: <u>180</u> degrees true |
| <input checked="" type="checkbox"/> National Weather Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Company                             |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Flight Service Station                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Military                            |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> TV/Radio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Internet                 |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Automated Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> None                                |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Commercial Weather Service (DUATS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Unknown                             |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                  |                                                 |                                   |                                              |                                              |                                                      |                               |                                                                        |                                  |                                           |  |                                                                                                                                                                                                                                |

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

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

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

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---------------------------------------------|-------------------------------|--------------------------------------|-------------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|----------------------------------------|--------------------------------|-------------------------------|----------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input type="checkbox"/> None               | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets | <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower | <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains | <input type="checkbox"/> Freezing Drizzle | <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |  | <b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <input 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"/> None                                                                                                                                                                   | <input type="checkbox"/> Drizzle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Freezing Rain      |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Rain                                                                                                                                                                   | <input type="checkbox"/> Ice Pellets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Snow Shower        |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Snow                                                                                                                                                                   | <input type="checkbox"/> Snow Pellets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Ice Pellets Shower |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Hail                                                                                                                                                                   | <input type="checkbox"/> Snow Grains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Freezing Drizzle   |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Rain Showers                                                                                                                                                           | <input type="checkbox"/> Ice Crystals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> None                                                                                                                                                                   | <input type="checkbox"/> Fog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Blowing Dust                                                                                                                                                           | <input type="checkbox"/> Ground Fog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Blowing Sand                                                                                                                                                           | <input type="checkbox"/> Haze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Blowing Snow                                                                                                                                                           | <input type="checkbox"/> Ice Fog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Blowing Spray                                                                                                                                                          | <input type="checkbox"/> Smoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |
| <input type="checkbox"/> Dust                                                                                                                                                                   | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                  |                                        |                               |                                      |                                      |                               |                                       |                                             |                               |                                      |                                           |                                       |                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                              |                                       |                                     |                                       |                               |                                       |                                  |                                        |                                |                               |                                  |

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

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

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

- None       Substantial  
 Minor       Destroyed  
                  Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

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

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

Planned a student cross country from kdto to kmwl and back to kdto. Before departure I fueled the plane up 20 gallons. Normal departure and flew to kmwl and did a touch and go and headed back to denton. once we got to denton we did a touch and go on runway 18r. after landing the student applied full power and started to climb. about 5 seconds later the engine sputtered and rpms dropped so i took controls and started pumping the throttle to get rpms to register. after no power change and rpm loss i declared an emergency with denton tower and pitch for what i thought would be an open field. upon successful forced landing we exited the aircraft and i called the tower on my cell phone.

I cannot recall which tank we were flying on and I cannot recall which tank the fuel selector was switched too during the time of the accident.

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

Operator/Owner Safety Recommendation

Always follow the checklists. Double and triple check fuel, oil, and engine instruments. Follow the SOPs for that given piece of equipment.

**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**

- 
- 80/87
- 
- 115/145
- 
- Jet B
- 
- Other, specify \_\_\_\_\_
- 
- 
- 100 Low Lead
- 
- Jet A
- 
- JP8
- 
- 
- 100/130
- 
- Jet A-1
- 
- Automotive

**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed?  Yes  No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**

- 
- Destroyed
- 
- Minor
- 
- 
- Substantial
- 
- None

**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION (Please type or print in ink)**

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

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

|                                                                      |                                                                                                                                                                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><u>10/06/2021</u><br><i>mm/dd/yyyy</i> | <b>Name of Pilot/Operator:</b> <u>Conner Satterfield</u><br><b>Signature</b> <br><i>-- or --</i> |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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**

|                                                 |                                                           |                                         |                                          |
|-------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>CEN21LA260 | <b>Reviewed by NTSB Regional Office</b><br>Central Region | <b>Name of Investigator</b><br>Lemishko | <b>Date Report Received</b><br>10/6/2021 |
|-------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|------------------------------------------|