

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

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

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

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

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

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

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

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

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

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**

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

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

**Date/Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

**Maximum Gross Weight:** Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

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

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under 14 CFR Part 91 at the time of the accident.

**Air Medical Flight:** Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Public Aircraft:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**--Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**--Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**--Company flying with a paid, professional crew.

**FERRY**--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**--Use only if the primary purpose of flight is not known.

**Other Aircraft--Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

**These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to [www.nts.gov](http://www.nts.gov).**

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

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

**BASIC INFORMATION**

**Accident/Incident Location**  
 Nearest City/Place: Finleyville Airport State: PA  
 ZIP: 16332 Country: USA  
 Latitude: 40.247692 Longitude: -80.013247  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 08/18/2020 Local Time: 1310  
*mm/dd/yyyy* Time Zone: EDT  
**Collision with Other Aircraft:**  Midair  On-ground  None

**AIRCRAFT INFORMATION**

**Registration Number:** N88XK  
**Manufacturer:** Eric Hansen  
**Model:** Team Rocket F1 Rocket  
**Serial Number:** 128  
**Year of Manufacture:** 2018  
**Amateur-Built:**  Yes *If Yes:*  Kit/Plans  Original Design Make: Team Rocket F1 Rocket  
 No

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft  
**Maximum Gross Weight:** 2000 lbs  
**Weight at Time of Accident/Incident:** 1670 lbs  
**Number of Seats:** 2 Flight Crew Seats: 2  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 0  
**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  
 Other Launch/Recovery System  
 None  
 Tailwheel  
 High Skid  
 Skid  
 Ski  
 Ski/Wheel  
 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 <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>D4A5</u>	<u>1411-SPL</u>	<u>unknown</u>	<u>285 (10:1 pisto</u>	<u>60</u>	<u>20</u>	<u>NA</u>
Eng. 2								
Eng. 3								
Eng. 4								

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

**Propeller 1**  
 Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable  
 Manufacturer: Hartzell  
 Model: HC-M2YR-1BFF8575D-5

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

**Date Last Inspection:** 12/09/2020  
*mm/dd/yyyy*  
**Airframe Total Time:** 60 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**ELT Installed:**  Yes  No  
*If Yes:*  
**ELT Manufacturer:** ACK  
**Model or Part No.:** IC:1863A-E04AF  
**TSO No.:**  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)

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

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

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

**Description of Fire Extinguishing System**  
 None  
 Specify: small fire extinguisher in cabin

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Patrick J DanaherCity: PittsburghFractional Ownership Aircraft:  Yes  NoState: PA ZIP: 15241Country: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held***(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: Finleyville AirportDistance From Airport Center: 0.2 SM smAirport Identifier: G05Direction From Airport: 214 degrees trueProximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/AAirport Elevation: 1236 ft. msl**Runway Information**Runway ID: 32 (L/R/C) Length: 2497 ft Width: 50 ft**Runway/Landing Surface (Check all that apply)**

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

**Condition of Runway/Landing Surface (Check all that apply)**

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

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

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

**IFR Approach (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																																																																																																			
<b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																			
<b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																			
<b>"Flight Crewmember 1" Identification</b> First Name: <u>Patrick</u> City of Residence: <u>Pittsburgh</u> Middle Initial: <u>J</u> State: <u>PA</u> ZIP: <u>15241</u> Last Name: <u>Danaher</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>50</u> Date of Birth: <u>[REDACTED]</u> mm/dd/yyyy Certificate Number: <u>[REDACTED]</u>																																																																																																			
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown			<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																									
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																																																																																																			
<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			<b>Medical Certificate Validity</b> <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			<b>Date of Last Medical</b> <u>08/05/2019</u> mm/dd/yyyy																																																																																											
<b>Medical Certificate Limitations</b> None																																																																																																			
<b>Medical Certificate Special Issuance</b> N/A																																																																																																			
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>10/15/2019</u> mm/dd/yyyy					<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>172</u>																																																																																														
<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport																																																																																													
<b>Type Ratings</b> Commercial multiengine instrument with centerline thrust restriction, retractable gear/complex Last IPC 12/12/2019							<b>Student Endorsements</b> <i>(Include dates)</i>																																																																																												
<b>Flight Time</b> <i>(Enter appropriate number of hours in each box)</i> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>639</td> <td>9</td> <td>315</td> <td>325</td> <td>54</td> <td>25</td> <td>39</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>205</td> <td>0</td> <td>190</td> <td>135</td> <td>5</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>											All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	639	9	315	325	54	25	39	0	0	0	Pilot in Command (PIC)	205	0	190	135	5	10	0	0	0	0	Time as Instructor	0	0	0	0	0	0	0	0	0	0	This Make/Model					0		0				Last 90 Days	0	0	0	0	0	0	0	0	0	0	Last 30 Days	0	0	0	0	0	0	0	0	0	0	Last 24 Hours	0	0	0	0	0	0	0	0	0	0
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider							Lighter Than Air																																																																																			
						Actual	Simulated																																																																																												
Total Time	639	9	315	325	54	25	39	0	0	0																																																																																									
Pilot in Command (PIC)	205	0	190	135	5	10	0	0	0	0																																																																																									
Time as Instructor	0	0	0	0	0	0	0	0	0	0																																																																																									
This Make/Model					0		0																																																																																												
Last 90 Days	0	0	0	0	0	0	0	0	0	0																																																																																									
Last 30 Days	0	0	0	0	0	0	0	0	0	0																																																																																									
Last 24 Hours	0	0	0	0	0	0	0	0	0	0																																																																																									

**"FLIGHT CREWMEMBER 2" INFORMATION**

**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

Pilot  Co-Pilot  Student Pilot  Flight Instructor  Check Pilot  Flight Engineer  Other Flight Crew

"Flight Crewmember 2" was pilot flying  Yes  No

**"Flight Crewmember 2" Identification**

First Name: Jon City of Residence: Chandler  
 Middle Initial: \_\_\_\_\_ State: AZ ZIP: 85248  
 Last Name: Melby Country: USA  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

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

<b>Pilot Certificate(s)</b> (Check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input checked="" type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer	

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

**Medical Certificate Limitations**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Certificate Special Issuance**  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

<b>Type Ratings</b> Commerical multiengine instrument rating with RG/complex certifications. Last IPC check 12/12/2020	<b>Student Endorsements</b> (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								0	0	0
Pilot in Command (PIC)								0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model										
Last 90 Days	0	0	0	0	0	0	0	0	0	0
Last 30 Days	0	0	0	0	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0

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

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="radio"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point	<input type="radio"/> 5-point
		<input type="radio"/> Unknown	<input type="radio"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____	City of Residence: _____	<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____	Country: _____		
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	<b>Available</b>	<b>Used</b>
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="radio"/> None
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="radio"/> Lap Only
<input type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="radio"/> 3-point	<input type="radio"/> 3-point
<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="radio"/> 4-point	<input type="radio"/> 4-point
<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point	<input type="radio"/> 5-point
		<input type="radio"/> Unknown	<input type="radio"/> 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 : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: ____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>G05</u> City: <u>Finleyville</u> State: <u>PA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>1125</u> Time Zone: <u>EDT</u>	<b>Destination</b> Airport ID: <u>G05</u> City: <u>Finleyville</u> State: <u>PA</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input checked="" 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 checked="" type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	<b>Altitude of In-Flight Occurrence:</b> <u>1236</u> ft msl
<input type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Source of Pilot Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input checked="" type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KAGC</u> Observation Time: <u>1255</u> Time Zone: <u>EDT</u> Distance from Accident Site: <u>7</u> nm Direction from Accident Site: <u>214</u> degrees true
--	--

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

<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or <u>82</u> (F) <b>Dew Point:</b> _____ (C) or <u>50</u> (F) <b>Altimeter Setting:</b> <u>30.00</u> in. Hg or _____ MB
--	--	--

<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>270</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable -or- Speed: <u>3</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	<b>Visibility</b> <u>50m+</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>1228</u> ft
--	---	--	---

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

<b>Icing Forecast</b> <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" 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 checked="" 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 checked="" 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 checked="" 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> <table style="width:100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																							
<input checked="" 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 checked="" 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																																								
Type	Severity																																							
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Light																																							
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																							
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																							
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

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



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

- None       Substantial  
 Minor       Destroyed  
 Unknown       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)*

Aircraft spinner and main gear were damaged along with engine and lower cowling. Wings and fuselage intact along with all electronics and the crew area intact. All damage seems to be forward of the firewall. Inspection and insurance adjustment pending. FAA has already been to the site. Dave Shanahan from Allegheny County, PA FSDO.

**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.

Accident Report Summary – N88XK 19 Aug 2020

On 17 Aug 2020 a ferry pilot (Jon Melby) delivered recently painted F1 Rocket (N88XK) from AZ to G05 (Finleyville Airport, PA). It had been converted to US registration in early 2020 from prior Canadian registration after a US air worthiness inspection was completed.

He arrived without incident later in the afternoon on 17 Aug 2020 and we hangared the aircraft and reviewed the electronic software updates that had been performed in AZ before his departure. We also reviewed a list of squawks to consider having fixed in the near future. There were no major issues except for the issue of one pilot inside the plane not being able to close the cockpit alone because of a slight misalignment in the rear canopy pin latch. Despite having the battery charger on while reviewing the electronics, the battery was too depleted to start and we decided to go for a flight the next day before he had to return to AZ on a 4PM flight that next day. I had taken the week off to complete any maintenance issues and to finish up any training as required.

Before leaving for the flight on the morning of 18 Aug 2020 we had the standard control briefing where the ferry pilot stated "if I say I have control of the aircraft I want to see your hands" talk as this is a tandem seated aircraft. I understood and agreed to this completely as I had not flown the plane in 7 months. That along with requiring more time and currency in tail draggers and a quarantine by my company (2 weeks for leaving that state and visiting any hot spot states) were all reasons to have a ferry pilot bring then plane out and then continue on here in PA rather than trying to do it in AZ and be out of work for an additional two weeks.

After fueling the left wing tank to 7/8 full and the right tank to approx. 2/3 full (each tank is 26 US gal) well within cg parameters (no acrobatics were to be performed, we departed from G05 with the plan of flying VFR to the SW and to the SE with a return to Rostraver airport for a low approach and then a few demonstration landings and a return to G05. The main goal was to ensure that flight avionics recently software upgraded (after having been out of date for several years) were working (Flightstream 510 SD card and updates to GTN 650 and G3X units (x2) along with integration into Garmin Pilot).

During the flight to the SW and SE of the airport we performed clearing turns, examined EGT and other engine performance parameters on the MFD and generally reviewed the instrument and autopilot functions in VFR weather. The fuel selector switch was started on the left wing position and was changed every 30 min while monitoring the fuel flow and tank levels. We then returned north to head for Rostraver airport. We tuned into AWOS, adjusted baro pressure and then proceeded to make a call on Unicom to enter the pattern from the south with a 45 degree downwind entrance for a left hand pattern for RW26. I extended the first downwind pattern leg to follow a simulated instrument approach aircraft to RW 26 that had called out a three mile final. Once visual on the traffic and with appropriate spacing, I turned base to follow.

I then performed a low approach in Rostraver and then Jon performed a touch and go on the next circuit. On the third circuit, the flaps would not deploy and we broke off the approach and flew to the north for a bit to trouble shoot the problem. Even at speed below 85-90 MPH the flaps would not deploy. We looked for circuit breakers or fuses that might have deployed but no cycling on the stick flap control switch would activate the flaps. We decided to return to G05 and attempt a full stop landing. While a shorter runway than Rostraver (approx.4000 ft), there was a slight quartering headwind and a 3 degree uphill slant at G05 (RW32/14 - 2500') and this seemed sufficient for this aircraft given that the normal landing distance is 700 feet on flat terrain. We did discuss landing at Rostraver but this did not seem required even with no flaps given the TOLD.

Jon flew this approach and landing from the back seat as he has thousands of hours in conventional wheel aircraft and was the pilot in command as per our prior conversation. Before leaving for the flight we had the standard control briefing where the ferry pilot stated "if I say I have control of the aircraft I want to see your hands" talk as this is a tandem seated aircraft. I understood and agreed to this completely as I had not flown the plane in 7 months.



**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)*

Aircraft spinner and main gear were damaged along with engine and lower cowling. Wings and fuselage intact along with all electronics and the crew area intact. All damage seems to be forward of the firewall. Inspection and insurance adjustment pending. FAA has already been to the site. Dave Shanahan from Allegheny County, PA FSDO.

**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.

Jon flew this approach and landing from the back seat as he has thousands of hours in conventional wheel aircraft and was the pilot in command as per our prior conversation. Before leaving for the flight we had the standard control briefing where the ferry pilot stated "If I say I have control of the aircraft I want to see your hands" talk as this is a tandem seated aircraft. I understood and agreed to this completely as I had not flown the plane in 7 months.

We continued on the G05/Finleyville and set up into the overhead pattern by crossing midfield at 500' above pattern altitude for the entry into a left hand pattern for R32. We continued to attempt to activate the flaps up until mid to long final but to no avail. On the first through third approaches at G05 we were well aligned but Jon was not comfortable with the landing speed and we were not established in a stable main wheel landing position for a wheel landing. So he went around for a 4th attempt. This was a not a major concern as we had approximately 15-18 gal of fuel left (to the best of my recollection) and burning some off for weight and speed purposes could not hurt. The normal approach speed I was taught was 90 mph on the approach slowing to 80 over the numbers then fly as required pending the situation. I was taught this by the builder Eric Hansen with whom I flew 7-8 hrs in this aircraft and 5-6 hours in a Super Cub during the purchase process. Once it was again established on base that there were no flaps, Jon decided to again fly a low flat approach at a slightly faster speed. I am not sure exactly as to the number. Originally I was calling out airspeeds but on the last three approaches I moved my head all of the way to the right so that Jon could better see the PFD himself. It is my recollection that we were coming in around 120 on long final and 110 short final and 106 over the numbers – but that is a gross estimate.

We were aligned with the runway but landed long and continued down the runway with the tail up. The rudder pedals are not as effective in the back seat and there are no brake pedals. Previously we had gone around with about 1000' feet of runway left. As we passed that mark I called out that I was going to brake as we only had approximately 800' remaining. Jon said "no". (We later discussed this after the incident and he said this was because the tail was not fully down yet and he did not want to nose over) I assumed there would be a go around again as the plane climbs at 3500 fpm solo and approx. 2700 fpm dual (estimate).

Approximately 1-2 seconds later I made the decision that I had to brake as there was no call or attempt to go around and it seemed clear that we were in danger of departing the runway end. I applied the brakes with about 400 feet left. I applied them gently at first (as tail was still up) and then firmly but we were still travelling at a high velocity and we departed the end of the runway. There were skid marks on about the last 200' feet of the runway from the brake lock up. This tracked right over the runway end light that was knocked over, so it was our track. David Shanahan of the FAA walked this out with me the next morning (18 Aug 2020).

After departing the runway we opened the canopy, unhooked, turned off all avionics and set the fuel selector to off. We inspected ourselves and the plane and attempted to contact the FAA and NTSB but were directed to voice mail messages. I attempted to contact KAGC tower via phone but they were busy as well. At this point I realized that the ELT was going off and I returned to the aircraft with some tools to remove a panel behind the back seat and turn the ELT off. A local pilot at the airport was able to contact the NTSB on my behalf. Mr Melby had a previously scheduled departure from Pittsburgh airport and I drove him to the airport before returning to the G05 airfield. I informed the airport manager before leaving and he felt that the plane was secured, out of the way and safe to leave in that position on the airfield.

There were no injuries to me or Jon Melby, the prop was struck, the spinner damaged, the legs collapsed (as designed) and both wings were fully intact. All damage at the time of this being written seems to be forward of the firewall – excluding the legs.

Patrick Danaher

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

Operator/Owner Safety Recommendation

- 1) by a clear go around call after the 800-1000' remaining call out for rw remaining
- 2) by earlier brake intervention - although this was difficult to consider until the tail wheel was on the ground in consideration of bringing the nose down too aggressively through braking
- 3) By a slower flatter approach with earlier touch down or moving to a longer runway

**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.)*

The flaps failed to deploy after troubleshooting for 10-15 minutes and we decided to land at G05

It is an experimental aircraft not of my build but it comes from the F1 quick build rocket kit. The plane was recently disassembled and painted but an inspection by a certified mechanic was complete in Az before the ferry pilot (Jon Melby) flew the plane XC over the weekend prior to his arrival in Pittsburgh at G05. There is not a parts number for this item that I can find.

**Total Time/Cycles On Part**

60 \_\_\_\_\_ Hours

300 \_\_\_\_\_ Cycles

**Time Since This Part Inspected/Overhauled**August 2020  Hours**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff***(Convert from pounds, as necessary)*

42 \_\_\_\_\_ 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

Exit through trough the tip up canopy for both pilots.

**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.

You may need to get in touch with Jon Melby directly for his flight and medical and license information as he is an ATP and acrobatic rated airshow pilot.



For flight time for this make and model (F1 Rocket the boxes are vlacked out and I canot fill them)

F1 Rocket Total time 10.7 all as SIC/Day hours - taildragger 68 landing  
40 landings in PA-18 / Piper Super Cub - taildragger (9.3 hours)

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

<b>Date of this Report</b> <u>08202020</u> <small>mm/dd/yyyy</small>	<b>Name of Pilot/Operator:</b> <u>Patrick J Danaher</u> <b>Signature:</b> _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
--	--

**If a Person Other than Pilot/Operator is Filing Report**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> ERA20LA291	<b>Reviewed by NTSB Regional Office</b> Ashburn, VA	<b>Name of Investigator</b> M. Hill	<b>Date Report Received</b> 8/25/20
---	--	--	--