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 INFORM	MATION									racinto	Tal Data Harvinson
Accident/Incident L. Nearest City/Place: Sacr ZIP: 08344	ocation	enetery - A	il/sbowrg	h State:	NJ	Accident/Inc Date: 7/14	cident Date	e/Time	Local Time	5.00 PM	
Latitude:								and and	Time Zone	£57	
AIRCRAFT INFO	DREATIO	NI.				Collision wit	h Other A	reraft:	O Midair	OOn-gro	und @ Nor
Registration Number											
Manufacturer: Fu.	rlong	Low				□ IFR-Equ □ Commer □ Unmann	cial Space F	Certified Hight			
Model: Furlow 9 Serial Number: 00	71	16				Maximum G	ross Weig	ht: 35	00	Ibs	
Year of Manufacture						Weight at Ti	me of Acci	dent/Inc	cident: 2	896	Ibs
Amateur Ruilte Avec KV Aver				Number of S Cabin Crew Se	eats: 4		Flight C	rew Seats:	2		
Category of Aircraft	T					Number of E	ngines:	1			
Airplane OBalloon OBlimp/Dirigible OGlider OGyroplane OHelicopter OPowered Lift ORocket	Standar Norm Aerol Ballo Comr	al Restriction Limits Restriction Provinuter Speciport Experi	icted sed sional al Flight rimental		☐ Tricycle ☐ Amphibiar ☐ Emergency ☐ Float	t apply) Retractable		Rec O Tur O Tur O Tur	bo Fan	O Liqu O Solid	
O Ultralight O Unknown		Exper	al Light-Sporimental Lig n or Waiver Unknown	ht-Sport	☐ Hull ☐ Other Laur ☐ None	nch/Recovery Sy	ki/Wheel stem Jnknown	Fuel Sy OCarb		(Reciprocati	ing) -Injected
Engine Engine Manufa Eng. 1 Textrow Ly		Engine Model/Series Zo-340 - Ca	TA.	Serial N	icturer's Jumber	Date of Mfg. mm/dd/yyyy	Rated Pow Horsen O lbs of	ower or	(hours)	Inspection (hours)	(hours)
Eng. 2	J				0 01 1		dow		2711.40	2	250
Eng. 3 Eng. 4											
			Duonalla	. 1	OF:IP'						
Annual OCond OUnkn	/ /	tion	Manufact Model:	turer: HA	OFixed Pite Controlla OGround A	ble Pitch djustable	Prope Manu: Model	facturer: _	00	Fixed Pitch Controllable I Ground Adjus	
Airframe Total Time: 2/9 hrs hours measured at (Select one)			Model: HG- @ C3YR-iRF/FIL ELT Installed: @Yes ONo If Yes: ELT Manufacturer: Model or Part No.:			0	Addition ADS	nal Equi -B ame Parac	chute	Check all that	apply)
Last Inspection O 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			Was ELT Was ELT Did ELT If activate Did ELT	Model or Part No.: TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) OC126 (406 MHz) Was ELT still mounted in aircraft? Yes ONo Was ELT still connected to antenna? Yes ONo Did ELT Activate? OYes ONo If activated: Did ELT Aid in Locating Aircraft: OYes Ono If not activated: I Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handl Electronic Primary Flight Disp Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System			landheld Dev Display	ice			
Specify:				i I	☐ Impact Damage ☐ Fire Damage ☐ Battery Expire ☐ Unknown		Other	, Specify:	ng Device		

OWNER/OPERATOR INFORM	IATION					
Registered Aircraft Owner	ACTION .					
Registered Aircraft Owner Name: GuberNAT Joel Go	Ibernat Jason	City: Lebanon				
Fractional Ownership Aircraft: Yes	NI.	State: NJ	ZIP: <u>08833</u>			
		Country: USA				
Operator of Aircraft Same As R	Registered Owner	☐ Same Address as Registered Owner				
Name: Joel Gubernot		City:				
Doing Business As:		State:				
Air Carrier/Operator Designator (4 Charac	ter Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted					
□None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129)	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR	O Scheduled or Commuter Non-Scheduled or Air Taxi O Non-Scheduled or Air Taxi	O Domestic O International			
Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
☐ Agricultural Aircraft (FAR 137)☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91 (Select one)	, 103, 133, 137			
☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business Per				
Revenue Sightseeing Flight	Air Medical Flight		sitioning ydiving			
O Yes No	O Yes No	Oreny				
	O 1 c3					
AIRPORT INFORMATION (Fill in i		pack I die () g				
AIRPORT INFORMATION (Fill in i	f accident/incident occurred on a					
Airport Name: CENTRI JEISCY	f accident/incident occurred on a	Distance From Airport Center:	. 25 sm			
Airport Name: CENTRY JERSEY Airport Identifier: K47 N	if accident/incident occurred on a	Distance From Airport Center:	. 25 sm			
Airport Name: CENTAL JERSEY Airport Identifier: K47 N Proximity to Airport: Off Airport/Airstrip	if accident/incident occurred on a		. 25 sm			
Airport Identifier: K47 N	of accident/incident occurred on a RGAL OOn Airport/Airstrip ON/A On Airport/Airstrip on/A On Middle of the state of th	Distance From Airport Center:	degrees true ft. msl face (Check all that apply) cted Water-Calm			
Airport Name: CENTAL JERSEY Airport Identifier: K47 N Proximity to Airport: Off Airport/Airstrip Runway Information Runway ID: 25 (L/R/C) Length: 35 Runway/Landing Surface (Check all that ap Asphalt Grass/Turf Macad Concrete Gravel Metal/ Dirt Gravel Snow	on Airport/Airstrip ON/A On Airport/Airstrip ON/A On Mirport/Airstrip ON/A	Distance From Airport Center: Direction From Airport: /86 Airport Elevation: 86 Condition of Runway/Landing Surf Dry Snow-Compare Snow-Crusted Snow-Dry Rough Snow-Wet Snow-Wet Soft	degrees true ft. msl face (Check all that apply) cted Water-Calm Water-Choppy Water-Glassy Wet			
Airport Name: CENTAL JERSEY Airport Identifier: K47 N Proximity to Airport: Off Airport/Airstrip Runway Information Runway ID: 25 (L/R/C) Length: 35 Runway/Landing Surface (Check all that ap Asphalt Grass/Turf Macad Metal/Dirt Gravel Metal/Dirt Gravel Snow Approach/Departure Segment (Select one) OTaxi OVFR Departure OIFR Departure Proces	on Airport/Airstrip On Airport/Airstrip ON/A of the Width: which is the play am water Wood Unknown	Direction From Airport Center: Direction From Airport: Airport Elevation: Dry Snow-Companner Holes Holes Rough Rough Rubber Deposits Slush-Covered OBase OLow A OGO Ar	degrees true ft. msl face (Check all that apply) cted			
Airport Name: CENTAL SUSSEY Airport Identifier: K47 N Proximity to Airport: Off Airport/Airstrip Runway Information Runway ID: 25 (L/R/C) Length: 35 Runway/Landing Surface (Check all that ap Grass/Turf Macad Metal/ Concrete Gravel Metal/ Dirt Ice Snow Approach/Departure Segment (Select one) OTaxi OVFR Departure OTaxi OVFR Departure OIFR Departure Proces	on Airport/Airstrip On Airport/Airstrip ON/A On Width: So ft Oply) am Water Wood Unknown	Direction From Airport Center: Direction From Airport: Airport Elevation: Dry Dry Snow-Companner Holes Ice Covered Rough Rubber Deposits Slush-Covered OBase OFinal Direction Airport Center: Solution Solution Solution Solution Solution Solution Solution OLow Airport OLow Airport OLow Airport OLow Airport OLow Airport OHOM OBase OFinal OAborto OAborto	degrees true ft. msl face (Check all that apply) cted			
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"FLIGHT CREWME	MBER 1" INF	ORMATI	ON					NATION AND DESCRIPTION OF THE PARTY OF THE P	
"Flight Crewmember 1"	Responsibilities at	the Time o	f Accident/Incide	nt					
Thot Co-Phot	Student Pilot	O Flight	nstructor O Che		Flight Engine	eer O Othe	r Flight Cre	·w	
"Flight Crewmember 1"		Yes 1	No				g.w e.re	35.5	
"Flight Crewmember 1"] First Name: Joe 1	dentification					20			
The second secon				City of	f Residence:	Leboni seu iA	i uc		
Middle Initial:	<u> </u>			State:	New Jer	sen	71D. /	20033	
Last Name: Guberna	,7			Countr	v. //s	in a	ZIF. C	20022	
Age at time	of Accident/Incider	nt: <u>64</u>	Date of Birth:			mm/dd/yyyy	***************************************		
	TREADS IN	Ce	ertificate Number:		_	ace yyyy			
Degree of Injury	Seat Occupio	ed		Restraint	Type			T.O.	
O None O Fatal Minor O Unknown	C Right	O Front	O Unknown	Availa	3.00	Used		innatabl	le Restraints
O Serious	O Center	O Rear O Single		ONo	one	O None		■ Not	Installed
Pilot Certificate(s) (Check of	all that apply)			O La;	p only	O Lap on 3-point		☐ Insta	ılled
□ None □ Flight ■ Private □ Recre	Instructor	ommercial	☐ US Military	O 4-p	point	O 4-point		☐ Depl	Deployed loyed
☐ Private ☐ Recre☐ Student ☐ Sport		irline Transpo ight Engineer	rt	O 5-p	ooint known	O 5-point O Unknow		Unkı	
					IKIIO WII	Othkilo	WII		
	Medical Certifica	te		Medical C	ertificate V	Validity		Date of I	ast Medical
O Pilot Other		Class 3	72 22 2	O Without	limitations/w	aivers OI	Inknown	:	/_
O Unknown	O Class 2 O U	Jilver's Licen Jnknown	se (Sport Pilot only)	O Special I	itations/waiv	ers ON	l/A	05/2	2/20
Medical Certificate Limita	tions			- Special I	Southee			mm/aa	<i></i>
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Medical Certificate Special	Issuance	and	(14)						
Special	133uance								
Date of Last Flight Review		TI. I. I							
or Equivalent, Including	1 1		Review Aircraft						
FAR 121/135 Checks:	01/19/2019	- Make: _	CA-6	`					
Airplane Rating(s)	Other Aircraft R	Model: _	T						
(Check all that apply)	(Check all that appl	v)	Instrument Ra			or Rating(s)			
None Single Facility	None	,,	(Check all that ap None	ppiy)	(Check all	that apply)	_		
Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplane		☐ Airplar	ne Single-Engir	ie –	☐ Instrument☐ Instrument☐	Airplane Helicopter
Multiengine Land	☐ Glider		☐ Helicopter☐ Powered Lift		☐ Airplar	ne Multi-Engine	. [Helicopter	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				☐ Gyropl			Glider Sport	
	Powered Lift				An ass		_	з Броп	
Type Ratings	M				Student I	Endorsement	s (Include	datas	
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Flight Time (Enter appropriate			Airplane						
number of hours in each box)		is Make Model	Single Airpl Engine Multier	Employed Color		rument			Lighter
Total Time		^	155,0 Martie	igine Night	Actual		Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	455.0 48	/	55.0	0/./	-	7.1			
Time as Instructor	0	/							
This Make/Model	A								
ast 90 Days	8,5 8,5								
ast 30 Days	1.9 1.9								
ast 24 Hours	.9 .9								



"FLIGHT CREWM		Al one	f Accident/Incide				
"Flight Crewmember 2"	Responsibilities at	the Time of		nt			
0 CO-F1101	O Student Pilot	()Flight 1			Flight Engineer	OOther Flight Cr	· ouv
"Flight Crewmember 2"	was pilot flying	Yes [No		0	o other riight Cr	ew
"Flight Crewmember 2"	Identification						
First Name:				City of	f Pagidamaa.		
winddie filitial.	<u>-</u>				Residence:		
Last Name:				State:		ZIP:	
Age at time	of Accident/Incidents		D	Countr	y:	2020	
	of Accident/Incident:		Date of Birth:		mm/d	ld/yyyy	
Degree of Injury	Seat Occupie	Cer	rtificate Number:				
O None O Fatal	O Left	OFront	O Unknown	Restrain	t Type		Inflatable Restrain
O Minor O Unknown O Serious	O Right O Center	ORear OSingle	Ounknown	Avail ON		sed O None	
Pilot Certificate(s) (Check		- Single		O La	ap only	Lap only	□ Not Installed □ Installed
□ None □ Fligh	nt Instructor	mmercial	☐ US Military	10 100 Table 100		3-point	□ Not Deployed □ Deployed □ Unknown
☐ Private ☐ Recr	eational	line Transpo	rt 🔲 Foreign	0.5-	point C	4-point 5-point	
☐ Student ☐ Spor	☐ Fli	ght Engineer		O Ui	nknown	Unknown	Chkhowh
Principal Occupation	Medical Certificate	P		24			
O Pilot	• • •	lass 3			Certificate Validi		Date of Last Medie
O Other O Unknown	O Class 1 O D	river's Licen:	se (Sport Pilot only)	O With lin	limitations/waivers		
Medical Certificate Limita	O Class 2 O Ui	nknown	1878	O With limitations/waivers O N/A Special Issuance		mm/dd/yyyy	
Medical Certificate Specia	Issuance						r
Date of Last Flight Review		1	Review Aircraft				E .
Date of Last Flight Review		Make: _					ii
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft Ra	Make: Model: _ ating(s)					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) Check all that apply)	mm/dd/yyyy Other Aircraft Ra (Check all that apply)	Make: Model: _ ating(s)	Instrument R	ating(s)	Instructor Rat	ing(s)	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) Check all that apply) None Single-Engine Land	mm/dd/yyyy Other Aircraft Ra (Check all that apply) □ None	Make: Model: _ ating(s)	Instrument Ra	ating(s)	Instructor Rat (Check all that ap	ring(s)	
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft Ra (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: _ ating(s)	Instrument R: (Check all that a) □ None □ Airplane □ Helicopter □ Powered Lift	ating(s)	Instructor Rat (Check all that ap None Airplane Singl Gyroplane Powered Lift	ing(s) coply) le-Engine i-Engine	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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ADDITIONAL	FLIGHT CREWME	MIDEIO	EVOIDSIAG OI CADI			ing intowned:		Nicola State of the State of th
Crew Name and	Address			orow, comp	nete trie follow	Ing Informati	on)	
		City	of Dov't			Seat Occi	pied	Injury
Middle Initial:			of Residence:	ZID		O Left O Center	O Front O Rear	O None
			ofm:			ORight	O Single	O Minor O Serious
	A Providence of the Company of the C	Cour	ntry:		12.00		O Unknown	O Fatal O Unknown
	s) (Check all that apply)					Restraint	Tyne:	
□ None □ Private	Flight Instructor		mercial	US Military		Available	e Used	Inflatable Restraints
Student	Recreational Sport	□ Airli		Foreign		O None O Lap Or	O None O Lap Only	
		- Fligh	it Engineer			O3-point O4-point	O 3-point	☐ Installed ☐ Not Deploye
Type Rating/End			Total Flight Time	e at the Time		O 5-point	· pomit	☐ Deployed
Accident/Incident	t Aircraft? Yes	'es □ No of this Accident/Incident:hr			hrs	O Unknov	☐ Unknown	
Crew Name and A	Address	1						
		C:t	CD			Seat Occup		Injury
First Name: City of Residence: Middle Initial: State:					OLeft OCenter	O Front O Rear	ONone	
	Middle Initial: State: ZIP: Last Name: Country:					ORight	O Single	O Minor O Serious
		Count			-		O Unknown	O Fatal O Unknown
	(Check all that apply)					Restraint T	vpe:	
□ None □ Private	Flight Instructor	☐ Comn		JS Military		Available	Used	Inflatable Restraints
Student	☐ Recreational ☐ Sport		e Transport	oreign		O None O Lap Onl	O None O Lap Only	☐ Not Installed
Type Rating/Endo						O 3-point	O 3-point	☐ Installed☐ Not Deployed
Accident/Incident			otal Flight Time			O 4-point O 5-point	O 4-point O 5-point	☐ Deployed
) / OTHER PERSO	NNEL /Inc	f this Accident/In	cident:	hrs	O Unknow		☐ Unknown
		(1110	nade Cabili Crew,	continue on	separate sheet	if necessary		<u> </u>
Name and Address			Seat	Injury	Restraint T	pe	Inflatable Restraints	Age
First Name:	City :				Available	Used		
Middle Initial:	State: 2	ZIP:	OLeft OCenter	O None O Minor	O None O Lap Only	O None O Lap Only	☐ Not Installed	☐ Under 5 years
Last Name:	Country:		ORight					- Onder 5 years
O Crew			- Oktgill	OSerious	O3-point	O 3-point	☐ Installed ☐ Not Deployed	
	OPassenger		OUnknown		O4-point	O _{4-point}	☐ Not Deployed ☐ Deployed	If Under 5, O Child Restrain
	O Passenger	O Other	OUnknown	O Fatal	O4-point		□ Not Deployed □ Deployed □ Unknown	If Under 5, O Child Restrain O Lap-Held
First Name:	O Passenger City:	O Other	Row:	O Fatal O Unknown	O4-point O5-point OUnknown	O 4-point O 5-point O Unknown Used	□ Not Deployed □ Deployed □ Unknown	If Under 5, O Child Restrain
Middle Initial:	OPassenger City : State: Z	O Other	Row:	O Fatal	O4-point O5-point OUnknown	O 4-point O 5-point O Unknown	□ Not Deployed □ Deployed □ Unknown	If Under 5, O Child Restrain O Lap-Held
	OPassenger City : State: Z	O Other	OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious	O4-point O5-point OUnknown Available ONone OLap Only O3-point	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Deployed Deployed Unknown Not Installed Installed Not Deployed	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5,
Middle Initial:	OPassenger City : State: Z	O Other	Row: OLeft OCenter	O None O Minor O Serious	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Not Deployed Deployed Unknown Not Installed	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain
Middle Initial:ast Name:	OPassenger City: State: Z Country: OPassenger	O Other	OUnknown Row: OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5,
Middle Initial: ast Name: O Crew irst Name:	OPassenger City: State: Country: OPassenger City:	O Other	OUnknown Row: OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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Middle Initial: ast Name: O Crew irst Name: Middle Initial:	OPassenger City : Z Country: OPassenger City : Z State: Z	O Other	OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown ONone OMinor OSerious	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point	Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown Not Installed	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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Aiddle Initial:	OPassenger City : Z Country: OPassenger City : Z Country: Z Country: Country: Country: Country: City :	O Other O Other O Other	OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Used O None	Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Deployed Deployed Deployed Deployed	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years
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Aiddle Initial:	OPassenger City : Z Country: OPassenger City : Z Country: Z Country: Country: Country: Country: City :	Other IP: Other Other	OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown	O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point O 4-point	Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown	If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years

FLIGHT ITINERARY INFORM	MATION						
Last Departure Point	Time of Departu	ure Destinat	ion		T DE		
Airport ID: 9N1	Time: 300 PM		47 N		None None	ht Plan File	
City: Erw. NAIA		City:	PANUITE		O Company	y VFR C	O VFR/IFR O IFR
State: PA	Time Zone: EST	State:			O Military		Unknown
Country: USA		Country:			O VFR	OVac O	No OUnknov
Type of ATC Clearance/Service (Chec	k all that apply)				Activateu;	Ores O	No OUnknov
None □ Special VF □ VFR □ IFR	R 🔲	Special IFR VFR On Top	9.	☐ VFR Flight Follo ☐ Traffic Advisory	owing	☐ Cruise ☐ Unknow	vn / NA
Airspace where the accident/incident of Class A Class G Class B Demo Area Class C Warning Ar Class D Prohibited A Class E Restricted A	□ M □ # ea □ J .rea □ T rea □ F	Military Operations Airport Advisory A et Training Area FRSA FAR 93	krea	□Special □Air Traffic Contr □Unknown	ol Area	-	of In-Flight
WEATHER INFORMATION A	T THE ACCIDE	NT/INCIDEN	IT SITE				
Source of Pilot Weather Information (Check all that apply)				servation Facility			
☐ National Weather Service	☐ Company		I	•	STEW		
☐ Flight Service Station☐ TV/Radio	☐ Military		Observation T	ime:			
☐ Automated Report	InternetNone		Time Zone:				
	Unknown		Distance from	Accident Site:		nm	
Basic Conditions			Direction from	Accident Site:		degrees true	0
OVMC	Light Condi ODawn						
O IMC O Unknown	⊘ Day	ODusk ONight	O Dark	Night OUnki	nown		
		- Ingat	OBING	nt Wight			
Sky/Lowest Cloud Condition Clear O Thin Broker	Ceiling			Temperature:	((7) or	(E)
O Few OThin Overce	O None (Clea	1700 St. 1000	Obscured ndefinite	1			
O Partial Obscuration O Scattered O Unknown	O Overcast		naemnite Jnknown	Dew Point:			(F)
Lowest Cloud Condition Height	Calling H	65		Altimeter Settin	g:	in. Hg	
ft agl	Ceiling Heigl	nt	Δ		or	MB	
Wind Direction Wind Spe			_ ft agl				
ma v	ed	Wind Gusts		Visibility	10	7	
▼ Variable ☐ Calm ☐ Light an	J 77	Not Gusting	,	_			
-or-	u variable						
Direction:degrees true Speed:	kts	-or- Speed:	kts	Density Altitude:			
Intensity of Precipitation Type of Pr	ecipitation (Check all)	that apply)		Restriction to Vis		ft	
O Light None	☐ Drizzle	☐ Freezing	Rain	None	Fog		ply)
O Heavy	☐ Ice Pellets☐ Snow Pellet	Snow Sho	ower	☐ Blowing Dust	☐ Gro	und Fog	
ON/A Hail OUnknown Rain Show	☐ Snow Grain	s Freezing	S Snower Drizzle	☐ Blowing Sand ☐ Blowing Snow	☐ Haz ☐ Ice I		
O Unknown Rain Show	vers			☐ Blowing Spray	☐ Smo	oke	
cing Forecast	Icing Actual			Dust	Unk	nown	
Amount Type O None O N/A	Amount	Type		Turbulence Type (Check all th	at I \	6 .	
O Trace O Rime	O None O Trace	O N/A		None None	ш арріу)	Severity Light	- [
O Light O Clear	O Light	O Rime O Clear		☐ Clear Air ☐ Terrain-Induced		Modera	100.000
O Severe O Unknown	O Moderate O Severe	O Mixed		Convective Turk	oulence	☐Severe ☐Extrem	
OUnknown	O Unknown	O Unknow	vn				
OTAMs (D and FDC), AIRMETs, S	IGMETs, PIREPe	in effect at th	a time of the	and the tr			
	23,111013	m chect at [U	e time of the	accident/inciden	t:		

Aircraft Damage		AIrcraft Fire			
O None O Su O Minor O Do	ubstantial estroyed nknown	None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Tim

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

other Property 50 ft Chain Link Fence

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.

went to Central Jersey Regional Airport for Fuel. Candell Runy 25. Fuelect Airplaine Taxi To Depart Rommey 25 Cheek Controls. Co Checklist - Depart 25 as Tail raised plane Went to left, Tried To Counter Act with right ruchder Plane got in air about 40 Pt Kept going to left cleended Hit Pence and Flipped over

RECOMMENDATION (How could the	is accident/incident	have been prevented	1?)		
Uperator/Owner Safety Recommendation				_	
2 Pave Been	ZGINKING A	Bout Sim	ce Acci	ident	
I Have Been Maybe Pell Power	Abort/To	The off P			
	/				
MECHANICAL MALFUNCTION	FAILURE (If mo	re space is needed,	continue on sep	arate sheet)	
					Total Time/Cycles
If yes, list the name of the part, manufacturer, pa	1 no., serial no., and de	escribe the failure.)			On Part
2 Something	IN rudder	Control			Hours
\sim	*				Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FILE S SERVICES INTO					
FUEL & SERVICES INFORMATI Fuel on Board at Last Takeoff					
(Convert from pounds, as necessary)	Fuel Type O 80/87	O 115/145	O I++ D	•	
	100 Low Lead100/130	O Jet A	O Jet B O JP8	O Other, specify	
Other Services, if Any, Prior to Departure	0 100/130	O Jet A-1	O Automotive		
EVACUATION OF AIRCRAFT					Al-stranger and the stranger and the str
Was an emergency evacuation of the aircra	oft performed?				
Method of Exit – Describe how the occupants	s exited and how man	☐ Yes ☐ No			
Released Sent bett, Exited	Aircipft	ly occupants evacuate	d each location		
,,,,,	The state of the s				
OTHER AIRCRAFT - COLLISION	I (If air or ground or	ollision occurred			
ircraft Registration Number Manufactur	rer:	onision occurred, con	nplete this secti	ion for other aircra	
SOCIAL PROPERTY CONTRACTOR OF THE PROPERTY CONTR				Da	mage to Other Aircraft Destroyed Minor
Registered Owner of Other Aircraft			Other Aircraft		Substantial None
Jame:		NT.			
ity;ZIP;		City:			
ountry:		State:		ZIP:	
		Country:			1

ADDITIONAL INFORMAT	TION (Please type or print in ink)		
Use this space if additional spa	ce is needed for any answers.		
		3	
8			
E			
HEREBY CERTIFY THAT THE	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO TH	IE BEST OF MY KNOWLEDGE
Date of this Report Name of 1	Pilot/Operator: Toe/ Gubernio	<i>t</i>	
			CONTROL OF THE CONTRO
07/23/26 Signature	:		
<u>07/23/26</u> Signature - or	: Check here to electronically sign this		
$ \begin{array}{c c} \hline 07/23/35 & Signature \\ \hline mm/dd/yyyy & -or - \end{array} $ If a Person Other than Pilot/Operation	Check here to electronically sign this	document	
97/23/26 Signature or f a Person Other than Pilot/Open	Check here to electronically sign this erator is Filing Report	document Title:	
97/23/25 Signature or If a Person Other than Pilot/Ope Name: Signature:	Check here to electronically sign this erator is Filing Report	document Title:	
Signature Signature - or If a Person Other than Pilot/Ope Name: Signature:	Check here to electronically sign this erator is Filing Report	document Title:	
Signature Signature - or If a Person Other than Pilot/Ope Name: Signature:	Check here to electronically sign this erator is Filing Report	document Title:	