

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

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

<b>BASIC INFORMATION</b>	
<b>Accident/Incident Location</b> Nearest City/Place: <u>Ramona</u> State: <u>CA</u> ZIP: <u>92065</u> Country: <u>San Diego</u> Latitude: <u>33 deg 02.35'N</u> Longitude: <u>116 deg 54.92'W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	<b>Accident/Incident Date/Time</b> Date: <u>11/10/2018</u> Local Time: <u>08:00</u> <i>mm/dd/yyyy</i> Time Zone: <u>PST</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None

<b>AIRCRAFT INFORMATION</b>	
Registration Number: <u>N5433T</u> Manufacturer: <u>Ferreira, David P., Lee, Daniel J.</u> Model: <u>Vans RV7-A</u> Serial Number: <u>70675</u> Year of Manufacture: <u>2018</u> Amateur-Built: <input checked="" type="radio"/> Yes <i>If Yes:</i> <input checked="" type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: <u>RV7-A</u> <input type="radio"/> No	<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>1900</u> lbs Weight at Time of Accident/Incident: <u>1844</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>1</u>

<b>Category of Aircraft</b> <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table border="0" style="width:100%;"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None	<b>Standard</b>	<b>Special</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	<b>Landing Gear</b> <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Turbo Shaft <input type="radio"/> Turbo Prop <input type="radio"/> Turbo Jet <input type="radio"/> Turbo Fan <input type="radio"/> Electric <input type="radio"/> Liquid Rocket <input type="radio"/> Solid Rocket <input type="radio"/> Hybrid Rocket <input type="radio"/> None <input type="radio"/> Unknown <b>Fuel System Type (Reciprocating)</b> <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
<b>Standard</b>	<b>Special</b>																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Subaru	H-6 3.0 ltr.	U060536	2018	180	9	0	n/a
Eng. 2								
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input checked="" type="radio"/> 100-Hour <input type="radio"/> AAIP <input type="radio"/> Annual <input type="radio"/> Continuous Airworthiness <input type="radio"/> Conditional Inspection <input type="radio"/> Unknown Date Last Inspection: <u>10/03/2018</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>0</u> hrs hours measured at <i>(Select one)</i> <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>MT</u> Model: <u>MTV 7-C</u>	<b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
<b>Type of Maintenance Program (Select one)</b> <input type="radio"/> Annual <input checked="" type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>ACT Technologies</u> Model or Part No.: <u>E-04 ELT</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	
<b>Description of Fire Extinguishing System</b> <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Hand Held Extinguisher</u>	<b>Additional Equipment (Check all that apply)</b> <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input checked="" type="checkbox"/> Angle of Attack Indicator <input checked="" type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____	

<b>Registered Aircraft Owner</b>		City: <u>Escondido</u>	
Name: <u>Ferreira, David P., Lee, Daniel J.</u>		State: <u>CA</u>	ZIP: <u>92027</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner	
Name: _____		City: _____	
Doing Business As: _____		State: _____	ZIP: _____
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i>		<b>Regulation Flight Conducted Under</b>	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft		<input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial  <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	
		<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i>	
		<input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic <input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International  <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only	
		<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i>	
		<input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown <input type="radio"/> Aerial Observation <input checked="" type="radio"/> Flight Test <input type="radio"/> Air Drop <input type="radio"/> Glider Tow <input type="radio"/> Air Race/Show <input type="radio"/> Instructional <input type="radio"/> Banner Tow <input type="radio"/> Other Work Use <input type="radio"/> Business <input type="radio"/> Personal <input type="radio"/> Executive/Corporate <input type="radio"/> Positioning <input type="radio"/> External Load <input type="radio"/> Skydiving <input type="radio"/> Ferry	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>AIRPORT INFORMATION</b> <i>(Fill in if Accident/Incident occurred on approach, landing, takeoff, departure, or taxi)</i>			
Airport Name: <u>Ramona Municipal Airport</u>		Distance From Airport Center: <u>1</u> sm	
Airport Identifier: <u>KRNM</u>		Direction From Airport: <u>265</u> degrees true	
Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>1395</u> ft msl	
<b>Runway Information</b>		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>	
Runway ID: <u>27</u> (L/R/C) Length: <u>5001</u> ft Width: <u>150</u> ft		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i>			
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown			
<b>Approach/Departure Segment</b> <i>(Select one)</i>			
<input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input checked="" type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Unknown			
<b>IFR Approach</b> <i>(Check all that apply)</i>		<b>VFR Approach</b> <i>(Check all that apply)</i>	
<input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown	

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident													
<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													
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
"Flight Crewmember 1" Identification													
First Name: <u>William</u>				City of Residence: <u>Ramona</u>									
Middle Initial: <u>G</u>				State: <u>CA</u>			ZIP: <u>92065</u>						
Last Name: <u>Lull</u>				Country: <u>USA</u>									
Age at time of Accident/Incident: <u>68</u>				Date of Birth: <span style="background-color: black; color: black;">                    </span> mm/dd/yyyy									
Certificate Number: <span style="background-color: black; color: black;">                    </span>													
Degree of Injury			Seat Occupied			Restraint Type			Inflatable Restraints				
<input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input checked="" 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 checked="" type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Pilot Certificate(s) (Check all that apply)													
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer													
Principal Occupation			Medical Certificate			Medical Certificate Validity			Date of Last Medical				
<input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown			<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			<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			<u>09/04/2018</u> mm/dd/yyyy				
Medical Certificate Limitations													
None													
Medical Certificate Special Issuance													
None													
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks:				Flight Review Aircraft									
<u>12/05/2016</u> mm/dd/yyyy				Make: <u>Vans</u> Model: <u>RV7-A</u>									
Airplane Rating(s) (Check all that apply)			Other Aircraft Rating(s) (Check all that apply)			Instrument Rating(s) (Check all that apply)			Instructor Rating(s) (Check all that apply)				
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<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			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport				
Type Ratings						Student Endorsements (Include dates)							
High Performance Complex													
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	2,040	721	2,040		112	18	58						
Pilot in Command (PIC)	1,971	721	1,971		112	18	58						
Time as Instructor													
This Make/Model													
Last 90 Days	25	22	25										
Last 30 Days	5	3	5										
Last 24 Hours	0	0	0										

**FLIGHT CREWMEMBER 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: David City of Residence: Escondido  
 Middle Initial: P State: CA ZIP: 92027  
 Last Name: Ferreira Country: USA  
 Age at time of Accident/Incident: 66 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<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 checked="" 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 checked="" 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 checked="" type="radio"/> 4-point <input 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
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<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer	<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>02/07/2018</u> mm/dd/yyyy
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**Medical Certificate Limitations**  
None

**Medical Certificate Special Issuance**  
None

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>11/16/2016</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>Cessna</u> Model: <u>Skylane 182T</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<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 checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> High Performance	<b>Student Endorsements</b> (Include dates)
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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	473	4	473	0	40	0	0	0	0	0
Pilot in Command (PIC)	426	4	426	0	40					
Time as Instructor										
This Make/Model					0					
Last 90 Days	4	4	4	0	0					
Last 30 Days	4	4	4	0	0					
Last 24 Hours	0	0	0	0	0					

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

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

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)						
Name and Address	Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____ 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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<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 <i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>KRNM</u> City: <u>Ramona</u> State: <u>CA</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>07:50</u> Time Zone: <u>PST</u>	
<b>Destination</b> Airport ID: <u>KRNM</u> City: <u>Ramona</u> State: <u>CA</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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Type of ATC Clearance/Service (Check all that apply)</b> <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			
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			<b>Altitude of In-Flight Occurrence:</b> <u>1900</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information (Check all that apply)</b> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KRNM Atis</u> Observation Time: <u>07:45</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>1</u> nm Direction from Accident Site: <u>265</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>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: _____ degrees true		<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	
<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gustating -or- Speed: _____ kts		<b>Visibility</b> <u>10+</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft	
<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		<b>Type of Precipitation (Check all that apply)</b> <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 (Check all that apply)</b> <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> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		<b>Icing Actual</b> <b>Amount</b> <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown <b>Type</b> <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	
<b>Turbulence</b> <b>Type (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence <b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme			
<b>NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>   			

FLIGHT PLAN INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>KRNM</u> City: <u>Ramona</u> State: <u>CA</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>07:50</u> Time Zone: <u>PST</u>	
<b>Destination</b> Airport ID: <u>KRNM</u> City: <u>Ramona</u> State: <u>CA</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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>Type of ATC Clearance/Service (Check all that apply)</b> <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			
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			<b>Altitude of In-Flight Occurrence:</b> <u>1900</u> ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information (Check all that apply)</b> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather		<b>Weather Observation Facility</b> Facility ID: <u>KRNM Atis</u> Observation Time: <u>07:45</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>1</u> nm Direction from Accident Site: <u>265</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>Wind Direction</b> <input type="checkbox"/> Variable Direction: _____ degrees true		<b>Wind Speed</b> <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: _____ kts	
<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting Speed: _____ kts		<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> <u>300.1</u> in. Hg or _____ MB	
<b>Visibility</b> <u>10+</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft		<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	
<b>Type of Precipitation (Check all that apply)</b> <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 (Check all that apply)</b> <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> <b>Amount</b> <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> <b>Amount</b> <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> <b>Type (Check all that apply)</b> <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			
<b>NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>   			

<b>Aircraft Damage</b> <input type="radio"/> None <input type="radio"/> Substantial <input type="radio"/> Minor <input type="radio"/> Destroyed <input type="radio"/> Unknown	<b>Aircraft Fire</b> <input type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time <input checked="" type="radio"/> On-Ground <input type="radio"/> Unknown	<b>Aircraft Explosion</b> <input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight <input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time <input type="radio"/> On-Ground <input type="radio"/> Unknown
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**Description of Damage to Aircraft and Other Property** *(Use additional sheet if necessary)*

As we were landing the right landing gear struck a small outcropping of rock (about 1 foot high). The right landing gear folded under and the front landing gear folded under. The plane skidded to a stop. The outcropping or gear gashed the right side behind the cowling and seemed to have broken a fuel line. A small fire erupted and I grabbed the hand held fire extinguisher but was unable to put the gas fueled fire out under the cowling. I was able to knock down the fire coming out around it. Eventually the fire spread to the cockpit and engulfed the engine compartment and eventually the interior of the cockpit and interior of the left wing. Small fires of sparse 2 inch grass ignited around the burn area. The fire department showed up and was able to put the flames completely out in a few seconds. All the cockpit instrumentation was destroyed, along with the seats, seat belts and canopy. The entire engine cowling was burnt up. The prop was destroyed.

**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.

I requested Bill to fly the flight because he had more than 700 hours in a RV7-A and I had only 5. I knew the systems of the GRT HXR the SDS/PLX air fuel ratio system and far more familiar with the MT electric prop control system. I went to watch over the systems while Bill concentrated on flying the plane. A detailed preflight inspection was completed with two people checking each inspection point. Upon entering the aircraft an extensive check list was covered by both people. Yellow and green lights were on the prop controller on start up. Oil pressure was good and all parameters were within expected ranges. The engine temperatures were brought up and a full run up check list was completed. The engine rpm was increased to 2400 rpm and all systems were checked as on the list. The prop was cycled in manual mode at 2400 prop rpm. Power was reduced and the prop was returned to automatic and 2700 rpm and a green light with the verbal acknowledgment of both of us. After a short taxi to the runway, and before announcing our intentions (tower was closed) and taking the active runway, we checked all engine instruments. All engine instruments were green, the *af* ratio was 12.5 and the prop controller was on 2700 and auto. Bill made the announcement we checked for traffic and took the active. The airplane took off easily and smoothly. The plane climbed with no problem in a seemingly shallow angle. At about 500 feet agl the engine began to labor. We both immediately went over the possibility of fuel starvation and I went over the mental check list out loud. Fuel, tanks on fullest tank. Checking the fuel gauge, both masters, ignitions and fuel pumps on, fuel pressure 40+ psi, air fuel mixture in appropriate range (small adjustment made for ideal), prop controller on 2700 and auto. As I said each thing out loud, I touched each indicator. I immediately went over the list again in case I forgot anything. Bill flew the plane. At the end of the second round, finding no problems, I began to move toward switching the prop controller from auto to manual and putting in fine pitch but we were moments from landing so I sat back. Bill was able to bring the plane down in relatively low rolling terrain with small rock outcrops from one to ten feet. He did a masterful job of avoiding the large outcrops, but touched down and struck the right landing gear on a small outcrop that bent the landing gear. There may have been a second small outcropping that hit the right side from the later investigation of the tire marks. The plane came to a stop 50 yards or so later. The nose gear was flattened and the prop was destroyed. A fire started where the rock had torn into the lower right cowling and fuselage. The fire started on the right side down by my right foot, although Bill had shut down all electrical systems and fuel pumps. We immediately opened the cowling and unfastened our harnesses. We both climbed out with our headsets. I grabbed the fire extinguisher and was able to put out the fire out on the outside but the gas fueled fire continued under the cowling and began to spread. We stood back safely and watched the plane slowly burn, consuming the engine compartment and the cockpit area. It seemed like a fuel line was ruptured and fed the fire. A rancher came up on a small four-wheel cart and had called 911. He checked on our condition and we were fine. It took the fire department about 8 minutes to arrive. By then the plane body was consumed. We investigated the landing path and the final point of the wreckage. Park rangers, the airport manager, several law enforcement officers and firefighters arrived. Airport pilots arrived and someone commented on the seemingly coarse pitch on the prop controller. I then suspected the prop controller must have run to the coarse setting and bogged us down. We were just too low to recover, since the prop controller would have been very slow to respond. I believe that is why we didn't notice it winding up sometime after take off. It wouldn't have moved until the rpms went over 1800 rpm and the controller would have begun adjusting it to coarse to keep it at 1800 rpms. The engine must have been powerful enough to overcome the adjusting until it got to the lower end of the prop control. We originally suspected the engine because it was a new experimental Subaru engine with a new gearbox, and a new SDS engine controller set up on Eggenfellner programming.

If I could have gone directly to the controller and reset it on manual and pushed the fine pitch on the prop, we may have been able to save the plane. The human factor of evaluation and diagnoses took the little time we had. The work load was great for both of us.

Departure time was 0750 PST



Operator/Owner Safety Recommendation

If it was the control unit, a more thorough testing of the automatic function may have caught the problem. If the mis-wiring was in the control box, a testing for the directional control (2700 for fine, and 1800 for course pitch) would alleviate mis-wired control boxes from going out from the factory for use. If the mis-wiring was by the person installing and soldering the connections, having a double check and a mandatory notation in the log book would be helpful. If this was the control box, a small bank of led lights indicating the actual position of the prop relative to the indicated prop setting would give a quick visual reference to the dialed position and the actual position. With the little time we had to diagnose and attack the problem, this may have given us time to reset the prop controller to manual and cycle the prop.

**MECHANICAL MALFUNCTION/FAILURE** (if more space is needed, continue on a 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.)

I believe the automatic function of the prop controller malfunctioned.  
 MT.

Total Time/Cycles  
 On Part

9 \_\_\_\_\_ Hours  
 \_\_\_\_\_ Cycles

Time Since This Part  
 Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff  
 (Convert from pounds, as necessary)

19.0 \_\_\_\_\_ 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

Canopy opened, seat belts unfastened and both occupants exited the aircraft on their respective sides.

**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

Pilot of Other Aircraft

Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Country: \_\_\_\_\_

**ADDITIONAL INFORMATION** (space to type or print in ink)

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

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

<b>Date of this Report</b> <u>11/18/2018</u> <i>mm dd/yyyy</i>	<b>Name of Pilot/Operator:</b> <u>David P. Ferreira</u> <b>Signature:</b> _____ - or - <input type="checkbox"/> Check here to electronically sign this document
--	---

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

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

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

- or -  Check here to electronically sign this document

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> WPR19LA023	<b>Reviewed by NTSB Regional Office</b> WPR	<b>Name of Investigator</b> JOSHUA CAWTHRA	<b>Date Report Received</b> 11/18/18
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