

**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**

|   |  |  |  |
|---|--|--|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>PT HADLOCK</u> State: <u>WA</u><br>ZIP: _____ Country: <u>JEFFERSON</u><br>Latitude: _____ Longitude: _____<br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i> |  | <b>Accident/Incident Date/Time</b><br>Date: <u>01-13-2019</u> Local Time: <u>1:58 PM</u><br><i>mm/dd/yyyy</i> Time Zone: <u>PST</u>      |  |
|   |  | <b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |  |

**AIRCRAFT INFORMATION**

|   |  |
|---|--|
| Registration Number: <u>N5093C</u><br>Manufacturer: <u>BEECHCRAFT</u><br>Model: <u>1950 B35 BOLANZA</u><br>Serial Number: <u>2355</u><br>Year of Manufacture: <u>5/1950</u><br>Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Make: _____<br><input type="radio"/> Original Design | <input checked="" type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>2,850</u> lbs<br>Weight at Time of Accident/Incident: <u>LESS ?</u> lbs<br>Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: <u>—</u> Passenger Seats: <u>2</u><br>Number of Engines: <u>1</u> |
|---|--|

|  |  |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
|--|--|-----------------|----------------|--|-------------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---|---|--|
| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table border="0"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" 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 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)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Standard</b> | <b>Special</b> | <input checked="" 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 type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Retractable<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected |
| <b>Standard</b>  | <b>Special</b>   |                 |                |  |                                     |                                    |                                  |                                  |                                      |                                   |   |                                    |                                       |                                  |  |  |   |   |  |
| <input checked="" 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 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<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|--|--------------------|--------------------------------|------------------|
| Eng. 1 | CONTINENTAL         | IO-470K45-33        | 632732                       | 3.                      | 225  |                    | 6-7                            |                  |
| Eng. 2 |                     |                     |                              |                         |  | 2773               |                                | 1109             |
| Eng. 3 |                     |                     |                              |                         |  |                    |                                |                  |
| Eng. 4 |                     |                     |                              |                         |  |                    |                                |                  |

|   |  |  |
|---|--|--|
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br>Date Last Inspection: <u>08-23-18</u><br><i>mm/dd/yyyy</i><br>Airframe Total Time: <u>5,488</u> hrs<br>hours measured at (Select one)<br><input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | <b>Propeller 1</b><br><input type="radio"/> Fixed Pitch<br><input checked="" type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>M'CAULEY</u><br>Model: <u>2A36C23-P-0/8480</u>   | <b>Propeller 2</b><br><input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____  |
| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____  | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes: <u>LEIGH ELT</u><br>ELT Manufacturer: <u>SHARC</u><br>Model or Part No.: _____<br>TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz)<br><input type="radio"/> OC126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No <u>?</u><br>If activated:<br>Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input checked="" type="checkbox"/> Unknown | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input checked="" type="checkbox"/> Autopilot <u>BRITIAN WING LEVER</u><br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input checked="" type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |
| <b>Description of Fire Extinguishing System</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Specify: _____  |  |  |

**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: ADCS ASSOC  
Fractional Ownership Aircraft:  Yes  No

City: MUKILTEO  
State: WA ZIP: 98275  
Country: USA

**Operator of Aircraft**

Same As Registered Owner

Same Address as Registered Owner

Name: HAROLD E. MEYER  
Doing Business As: PRIVATE/MEMBER  
Air Carrier/Operator Designator (4 Character Code): —

City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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: JEFFERSON COUNTY INTERNAL AIRPORT  
Airport Identifier: 459  
Proximity to Airport:  Off Airport/Airstrip  On Airport/Airstrip  N/A  
PT HADLOCKS, 681 IRONDALE RD

Distance From Airport Center: APPROX 3 sm  
Direction From Airport: EAST degrees true  
Airport Elevation: 108 ft. msl

**Runway Information**

Runway ID: 459 (L/R/C) Length: 3,000 ft Width: 750 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**

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

"Flight Crewmember 1" was pilot flying    Yes    No

**"Flight Crewmember 1" Identification**

First Name: HAROLD E. MEYER

City of Residence: MUKILTEO

Middle Initial: E

State: WA   ZIP: 98275

Last Name: MEYER

Country: USA

Age at time of Accident/Incident: 87   Date of Birth: [REDACTED]   mm/dd/yyyy

Certificate Number: [REDACTED]

|   |   |  |   |
|---|---|--|---|
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious  | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |   | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance  |   |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown   | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown          | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance  | <b>Date of Last Medical</b><br><u>12-20-2017</u><br>mm/dd/yyyy  |

**Medical Certificate Limitations**

NONE

**Medical Certificate Special Issuance**

NO

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 04-19-18  
mm/dd/yyyy

**Flight Review Aircraft**

Make: BEUCRAFT BONANCA

Model: 1930 B35

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

**Type Ratings**

**Student Endorsements** (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|   |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time  | 2712         | 1190              | 2712                   |                      | 1207  | 1028       | 2003      |            |        |                  |
| Pilot in Command (PIC)                                      |              |                   | 2840                   |                      |       |            |           |            |        |                  |
| Time as Instructor  |              |                   | 372.5                  |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  |              |                   | 60                     |                      |       |            |           |            |        |                  |
| Last 30 Days  |              |                   | 20                     |                      |       |            |           |            |        |                  |
| Last 24 Hours   |              |                   | 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<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown  |
| 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 <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                          | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                         | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown  |
| 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 <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                          | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                         | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

**FLIGHT ITINERARY INFORMATION**

|  |   |   |   |
|--|---|---|---|
| <b>Last Departure Point</b><br>Airport ID: <u>W28 / SEQUIM VALLEY</u><br>City: <u>SEQUIM VALLEY</u><br>State: <u>WA</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>2:30M</u><br>Time Zone: <u>PST</u> | <b>Destination</b><br>Airport ID: <u>KPAE / PASTOR</u><br>City: <u>EVERETT</u><br>State: <u>WA</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--|---|---|---|

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

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

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

|   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br>_____ 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 checked="" 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 (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|--|---|

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

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

|  |  |  |   |
|--|--|--|---|
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>UNLIMITED</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>1,150</u> ft (PIL ALT) |
|--|--|--|---|

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

| <b>Icing Forecast</b><br><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><br><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><br><table style="width:100%;"> <tr> <th>Type (Check all that apply)</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 (Check all that apply) | 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 (Check all that apply)  | 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:**

— 0 —

**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)

NO DAMAGE TO PROPERTY, BUILDINGS ON GROUND,  
OR PERSONNEL ON GROUND.

AIRFRAME DESTROYED. RT WING GONE, ENG CRANK  
SHAFT & PROP SEPERATED. PASSENGER DOOR GONE, AFT FUSELAGE  
DESTROYED. TIEE

**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 and location, services obtained, and intended destination. Provide as much detail as possible.

WAS DEPARTING 0859 WHEN DOOR OPENED ON  
 CLIMB-OUT. CONTINUED CLIMB TO PATTERN ALT &  
 TURNED DOWN-WIND. SHORTLY THEREAFTER I NOTED  
 LH MAIN FUEL GAUGE SHOWED SOLID FULL. NO NEEDLE  
 MOVEMENT WHEN I THOUGHT IT SHOULD BE MOVING WITH  
 FRS FLOW. RH MAIN FUEL GAUGE SHOWED EMPTY WHEN  
 IT SHOULD HAVE SHOWN FULL-20 GAL. ENGINE FAILED  
 I TRIED TO FIX-STOPPED SINCE I WAS SO  
 CLOSE TO TREES. ENTERED TREE TOPS AIMING FOR  
 A SMALL GRASS SPOT SHOWING THRU TREES.  
 MOMENTS LATER I MISSED THE LARGE TREE TRUNK  
 THAT TOOK OFF RH WING. SPUN AROUND IN A  
 DISORIENTING CRASH. EXCEPT FOR SMALL CUT ON  
 WEB BETWEEN LH THUMB & FORE FINGER, NO  
 INJURIES. PASSENGER DOOR WAS GONE, NO INJURIES TO  
 ANY STRUCTURES OR PERSONS ON GROUND.

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

Operator/Owner Safety Recommendation

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**

|  |   |
|--|---|
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles |
|  | <b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |
|  |   |

**FUEL & SERVICES INFORMATION**

|   |   |
|---|---|
| <b>Fuel on Board at Last Takeoff</b><br><i>(Convert from pounds, as necessary)</i><br>_____ Gallons<br><i>Approx 45</i> | <b>Fuel Type</b><br><input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____<br><input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8<br><input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> 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

*EMT PERSONNEL ASSISTED PILOT OUT OF THE AIRCRAFT. PILOT WAS ABLE TO STAND AND STEP OUT OF AIRCRAFT WRECKAGE.*

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

|                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| Aircraft Registration Number: _____ | Manufacturer: _____<br>Model: _____ | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |
|-------------------------------------|-------------------------------------|--|

|  |   |
|--|---|
| <b>Registered Owner of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ | <b>Pilot of Other Aircraft</b><br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |
|--|---|

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

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

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

|  |  |
|--|--|
| <b>Date of this Report</b><br><u>01-22-19</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>HAROLD E. MEYER</u><br><b>Signature:</b> <u>[Signature]</u><br>- 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**

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|--|---|---|---|
| <b>NTSB Accident/Incident No.</b><br><u>WPR19LA064</u> | <b>Reviewed by NTSB Regional Office</b><br><u>WPR</u> | <b>Name of Investigator</b><br><u>DEBRA J ECKROTE</u> | <b>Date Report Received</b><br><u>1/28/19</u> |
|--|---|---|---|