

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____
 Fractional Ownership Aircraft: Yes No

City: _____
 State: _____ ZIP: _____
 Country: _____

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____
 Doing Business As: _____
 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: _____
Airport Identifier: _____
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- 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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

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

Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

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

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 : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
Crew	Passenger	Other			3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: <u>Cental</u>	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">VFR/IFR</td> </tr> <tr> <td>Company VFR</td> <td>IFR</td> </tr> <tr> <td>Military VFR</td> <td>Unknown</td> </tr> <tr> <td>VFR</td> <td></td> </tr> </table> Activated? Yes No Unknown	None	VFR/IFR	Company VFR	IFR	Military VFR	Unknown	VFR	
None	VFR/IFR										
Company VFR	IFR										
Military VFR	Unknown										
VFR											

Type of ATC Clearance/Service <i>(Check all that apply)</i>				
None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA

Airspace where the accident/incident occurred <i>(Check all that apply)</i>				Altitude of In-Flight Occurrence: _____ ft msl
Class A	Class G	Military Operations Area (MOA)	Special	
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">National Weather Service</td> <td style="width: 50%;">Company</td> </tr> <tr> <td>Flight Service Station</td> <td>Military</td> </tr> <tr> <td>TV/Radio</td> <td>Internet</td> </tr> <tr> <td>Automated Report</td> <td>None</td> </tr> <tr> <td>Commercial Weather Service (DUATS)</td> <td>Unknown</td> </tr> <tr> <td>On-Board Weather</td> <td></td> </tr> </table>	National Weather Service	Company	Flight Service Station	Military	TV/Radio	Internet	Automated Report	None	Commercial Weather Service (DUATS)	Unknown	On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
National Weather Service	Company												
Flight Service Station	Military												
TV/Radio	Internet												
Automated Report	None												
Commercial Weather Service (DUATS)	Unknown												
On-Board Weather													

Basic Conditions VMC IMC Unknown	Light Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Dawn</td> <td style="width: 25%;">Dusk</td> <td style="width: 25%;">Dark Night</td> <td style="width: 25%;">Unknown</td> </tr> <tr> <td>Day</td> <td>Night</td> <td>Bright Night</td> <td></td> </tr> </table>	Dawn	Dusk	Dark Night	Unknown	Day	Night	Bright Night	
Dawn	Dusk	Dark Night	Unknown						
Day	Night	Bright Night							

Sky/Lowest Cloud Condition <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Clear</td> <td style="width: 50%;">Thin Broken</td> </tr> <tr> <td>Few</td> <td>Thin Overcast</td> </tr> <tr> <td>Partial Obscuration</td> <td>Unknown</td> </tr> <tr> <td>Scattered</td> <td></td> </tr> </table> Lowest Cloud Condition Height _____ ft agl	Clear	Thin Broken	Few	Thin Overcast	Partial Obscuration	Unknown	Scattered		Ceiling <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None (Clear)</td> <td style="width: 50%;">Obscured</td> </tr> <tr> <td>Broken</td> <td>Indefinite</td> </tr> <tr> <td>Overcast</td> <td>Unknown</td> </tr> </table> Ceiling Height _____ ft agl	None (Clear)	Obscured	Broken	Indefinite	Overcast	Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Clear	Thin Broken															
Few	Thin Overcast															
Partial Obscuration	Unknown															
Scattered																
None (Clear)	Obscured															
Broken	Indefinite															
Overcast	Unknown															

Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">None</td> <td style="width: 15%;">Drizzle</td> <td style="width: 15%;">Freezing Rain</td> </tr> <tr> <td>Rain</td> <td>Ice Pellets</td> <td>Snow Shower</td> </tr> <tr> <td>Snow</td> <td>Snow Pellets</td> <td>Ice Pellets Shower</td> </tr> <tr> <td>Hail</td> <td>Snow Grains</td> <td>Freezing Drizzle</td> </tr> <tr> <td>Rain Showers</td> <td>Ice Crystals</td> <td></td> </tr> </table>	None	Drizzle	Freezing Rain	Rain	Ice Pellets	Snow Shower	Snow	Snow Pellets	Ice Pellets Shower	Hail	Snow Grains	Freezing Drizzle	Rain Showers	Ice Crystals		Restriction to Visibility <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">Fog</td> </tr> <tr> <td>Blowing Dust</td> <td>Ground Fog</td> </tr> <tr> <td>Blowing Sand</td> <td>Haze</td> </tr> <tr> <td>Blowing Snow</td> <td>Ice Fog</td> </tr> <tr> <td>Blowing Spray</td> <td>Smoke</td> </tr> <tr> <td>Dust</td> <td>Unknown</td> </tr> </table>	None	Fog	Blowing Dust	Ground Fog	Blowing Sand	Haze	Blowing Snow	Ice Fog	Blowing Spray	Smoke	Dust	Unknown
None	Drizzle	Freezing Rain																											
Rain	Ice Pellets	Snow Shower																											
Snow	Snow Pellets	Ice Pellets Shower																											
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Dust	Unknown																												

Icing Forecast <table style="width: 100%; border: none;"> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Icing Actual <table style="width: 100%; border: none;"> <tr> <th style="width: 50%;">Amount</th> <th style="width: 50%;">Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Turbulence Type <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">Light</td> </tr> <tr> <td>Clear Air</td> <td>Moderate</td> </tr> <tr> <td>Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td>Convective Turbulence</td> <td>Extreme</td> </tr> </table>	None	Light	Clear Air	Moderate	Terrain-Induced	Severe	Convective Turbulence	Extreme
Amount	Type																																					
None	N/A																																					
Trace	Rime																																					
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Unknown																																						
None	Light																																					
Clear Air	Moderate																																					
Terrain-Induced	Severe																																					
Convective Turbulence	Extreme																																					

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None Substantial
Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

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

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

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)

Was there Mechanical Malfunction/Failure? Yes No
 (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

_____ Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure**EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed? Yes No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

Manufacturer: _____**Model:** _____**Damage to Other Aircraft**

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report _____ <i>mm/dd/yyyy</i>	Name of Pilot/Operator: _____ Signature: _____ <i>-- or --</i> 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

NTSB Accident/Incident No. ERA22LA037	Reviewed by NTSB Regional Office ERA	Name of Investigator L. Read	Date Report Received 11/16/2021
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Timeline of events leading up forced landing in N30SH.

Oct. 27, 2021 around 12pm, I called the airport and told them to top my main tanks and my tip tanks because I had a slight imbalance of fuel in my tips. Upon arriving at the airport and doing my pre-flight and starting my airplane, I noticed I only had a half tank of fuel in my mains and full fuel in my auxiliary tanks. Fuel receipt shows the airport put 32.6 gallons of fuel in the aircraft. Because I am fairly new to flying N30SH, I felt that my fuel gauges were reporting accurately which should have technically given me (with full tip tanks) 6 hours of fuel on board. With this information in mind, I still chose to go ahead and depart with the fuel as is. We flew from KXNX to KJAU which took about 40 minutes, burning around 15 gallons/hour. We did not fly the airplane again until our return flight on the afternoon of October 29th which took around 50min at around 15gallons/hour. After landing at KXNX, we picked up some items and planned to start our trip toward Northwest Arkansas with planned stops for weather and fuel. Initially, I had planned to fly to KHZD to get fuel, but after take off from KXNX, I switched to the auxiliary tanks and burned the rest of the remaining fuel in those. After about 7-10 minutes of flight, I consumed the remaining fuel out of the auxiliary tanks which surprised me, because according to my math, I should have still had an additional 10-15 minutes of fuel in the auxiliary tanks. After the auxiliary tanks ran dry, I then switched back to my main tanks, which still had a quarter of a tank remaining. At this point I decided to go ahead and stop at OM5 and get fuel, instead of continuing on to KHZD for fuel. I still felt I had plenty of fuel according to my fuel calculations and the gauges, and knowing that the fuel guys had obviously not topped the proper tanks I opted to just play it safe and fly into OM5. I went ahead and began my descent, when about 4 miles out, my left engine began cutting out which really surprised me because I was still showing I had a quarter tank of fuel in my mains. Because my auxiliary tanks were dry, I knew I could not get to the fuel in my tips, so I went ahead and feathered my left propeller after the engine stalled and proceeded to the airport on 1 engine. After about 30 seconds, my right engine began to lose power as well and began to lose altitude. At this time, I had mixture full forward, boost pumps on, power full forward, but was making very little engine power. At this point, I was a 2 mile final for runway 21. The AWOS at M02 was indicating winds at 6 knots from 260 which means I had a head wind. At this point, I did not have enough altitude to glide to the runway and there was no suitable landing places between me and the runway.