

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

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

## BASIC INFORMATION

**Accident/Incident Location**  
 Nearest City/Place: UPPER LAKE State: CA  
 ZIP: 95453 Country: USA  
 Latitude: 39° 09' 49.5" N Longitude: 122° 52' 58.5" W  
*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**  
 Date: 08/04/2020 Local Time: 9:30 AM  
*mm/dd/yyyy* Time Zone: PAC

Collision with Other Aircraft:  Midair  On-ground  None

## AIRCRAFT INFORMATION

Registration Number: N 635 BC  
 Manufacturer: ROBERT D. CARR JR.  
 Model: CAVALON  
 Serial Number: V00320  
 Year of Manufacture: 2017  
 Amateur-Built:  Yes  No If Yes:  Kit/Plans  Original Design Make: AUTO-GYRO

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 1234 lbs  
 Weight at Time of Accident/Incident: 1055 lbs

Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 1

Number of Engines: 1

**Category of Aircraft**

Airplane  
 Balloon  
 Blimp/Dirigible  
 Glider  
 Gyroplane  
 Helicopter  
 Powered Lift  
 Rocket  
 Ultralight  
 Unknown

**Type of Airworthiness Certificate**  
*(Check all that apply)*

**Standard**  
 Normal  
 Aerobatic  
 Balloon  
 Commuter  
 Transport  
 Utility

**Special**  
 Restricted  
 Limited  
 Provisional  
 Special Flight  
 Experimental  
 Special Light-Sport  
 Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
 None

**Landing Gear**  
*(Check all that apply)*

Retractable  
 Tricycle  Tailwheel

Amphibian  High Skid  
 Emergency Float  Skid  
 Float  Ski  
 Hull  Ski/Wheel

Other Launch/Recovery System  
 None  Unknown

**Engine Type** *(Select one)*

Reciprocating  Liquid Rocket  
 Turbo Shaft  Solid Rocket  
 Turbo Prop  Hybrid Rocket  
 Turbo Jet  None  
 Turbo Fan  Unknown  
 Electric

**Fuel System Type** *(Reciprocating)*

Carburetor  Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>ROTAX</u>        | <u>914 UL</u>       | <u>9.575.697</u>             | <u>09/27/2016</u>                 | <u>115</u>   | <u>272</u>            | <u>74</u>                            | <u>—</u>            |
| Eng. 2 |                     |                     |                              |                                   |  |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |  |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |  |                       |                                      |                     |

**Last Inspection Type**

100-Hour  Continuous Airworthiness  
 AAIP  Conditional Inspection  
 Annual  Unknown

Date Last Inspection: 01/15/2020  
*mm/dd/yyyy*

Airframe Total Time: 272 hrs  
 hours measured at *(Select one)*  
 Last Inspection  Time of Accident/Incident

**Type of Maintenance Program** *(Select one)*

Annual  
 Conditional (Amateur-built only)  
 Manufacturer's Inspection Program  
 Other Approved Inspection Program (AAIP)  
 Continuous Airworthiness  
 Other, specify: \_\_\_\_\_

**Description of Fire Extinguishing System**

None  
 Specify: \_\_\_\_\_

**Propeller 1**

Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: HTC  
 Model: \_\_\_\_\_

**ELT Installed:**  Yes  No

If Yes:  
 ELT Manufacturer: ARTEX  
 Model or Part No.: ELT 345  
 TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (406 MHz)

Was ELT still mounted in aircraft?  Yes  No  
 Was ELT still connected to antenna?  Yes  No  
 Did ELT Activate?  Yes  No ?

If activated:  
 Did ELT Aid in Locating Aircraft:  Yes  No

If not activated:  
 Indicate Reason:  Impact Damage  Fire Damage  
 Battery Expired/Damaged  Unknown ?

**Propeller 2**

Fixed Pitch  
 Controllable Pitch  
 Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Additional Equipment** *(Check all that apply)*

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



**OWNER/OPERATOR INFORMATION**

**Registered Aircraft Owner**

Name: WILLIAM JENSEN & LINDA JENSEN, TRUSTEES  
THE JENSEN TRUST

City: HIDDEN VALLEY LAKE  
 State: CA ZIP: 95467  
 Country: USA

Fractional Ownership Aircraft:  Yes  No

**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  PAR  MLS  Practice
- SDF  Sidestep  LDA  GPS
- VOR/TVOR  ILS  ASR  Visual
- VOR/DME  Localizer Only  Visual  Contact
- TACAN  LOC-back course  Circling
- RNAV  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: WILLIAM   City of Residence: HIDDEN VALLEY LAKE

Middle Initial: H   State: CA   ZIP: 95467

Last Name: JENSEN   Country: USA

Age at time of Accident/Incident: 67   Date of Birth: [REDACTED] 1953 mm/dd/yyyy

Certificate Number: [REDACTED]

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input checked="" type="radio"/> Serious | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | <b>Restraint Type</b>   |  | <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>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input checked="" 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 checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |   |

**Pilot Certificate(s)** (Check all that apply)

|                                  |  |  |                                      |
|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input type="checkbox"/> Student | <input checked="" type="checkbox"/> Sport  | <input type="checkbox"/> Flight Engineer   |                                      |

|   |   |  |  |
|---|---|--|--|
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown | <b>Medical Certificate</b><br><input checked="" 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 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>_____<br>mm/dd/yyyy |
|---|---|--|--|

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

|   |  |
|---|--|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>07/09/2020</u><br>mm/dd/yyyy | <b>Flight Review Aircraft</b><br>Make: <u>CAVALON - AUTO-GYRO</u><br>Model: <u>CAVALON</u> |
|---|--|

|  |   |   |   |
|--|---|---|---|
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input 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 checked="" 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 checked="" type="checkbox"/> None<br><input 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 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**   NONE

**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  | 853.8        | 71.3              | 853.8                  |                      |       |            |           | 71.3       |        |                  |
| Pilot in Command (PIC)                                      | 803.3        | 52.8              | 803.3                  |                      |       |            |           | 52.8       |        |                  |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 71.3         | 71.3              |                        |                      |       |            |           | 71.3       |        |                  |
| Last 30 Days  | 24.8         | 24.8              |                        |                      |       |            |           | 24.8       |        |                  |
| Last 24 Hours   | .8           | .8                |                        |                      |       |            |           | .8         |        |                  |



**"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: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious   | <b>Seat Occupied</b><br><input type="radio"/> Left <input 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><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><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 |
|---|---|---|-----------|------|----------------------------|----------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Available   | Used  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> None  | <input type="radio"/> None  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Lap only  | <input type="radio"/> Lap only  |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 3-point   | <input type="radio"/> 3-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 4-point   | <input type="radio"/> 4-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> 5-point   | <input type="radio"/> 5-point   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <input type="radio"/> Unknown   | <input type="radio"/> Unknown   |   |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><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>Principal Occupation</b><br><input 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 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>_____ mm/dd/yyyy |
|--|--|--|---|

**Medical Certificate Limitations**

\_\_\_\_\_

**Medical Certificate Special Issuance**

\_\_\_\_\_

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

|   |  |  |   |
|---|--|--|---|
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input 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 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 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 |
|---|--|--|---|

|                              |  |
|------------------------------|--|
| <b>Type Ratings</b><br>_____ | <b>Student Endorsements</b> (Include dates)<br>_____ |
|------------------------------|--|

| 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  |              |                   |                        |                      |       |            |           |            |        |                  |
| 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)

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

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

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

| Name and Address  | Seat  | Injury  | Restraint Type  | Inflatable Restraints   | Age   |
|---|---|---|---|---|---|
| First Name: <u>RODRIC</u> City: <u>WINDSOR</u><br>Middle Initial: _____ State: <u>CA</u> ZIP: <u>95492</u><br>Last Name: <u>REHE</u> Country: <u>USA</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other | <input checked="" 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 checked="" 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 checked="" 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 type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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<br><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            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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<br><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            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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<br><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            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |



### FLIGHT ITINERARY INFORMATION

|   |   |  |   |
|---|---|--|---|
| <b>Last Departure Point</b><br>Airport ID: <u>102</u><br>City: <u>LAKEPORT</u><br>State: <u>CA</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>8:30 AM</u><br>Time Zone: <u>PST</u> | <b>Destination</b><br>Airport ID: <u>SAME</u><br>City: _____<br>State: _____<br>Country: _____ | <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 checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |   |

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

### WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

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

|  |   |
|--|---|
| <b>Basic Conditions</b><br><input 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 | <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 | <b>Temperature:</b> <u>22</u> (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>29.99</u> in. Hg<br>or _____ MB |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl   | <b>Ceiling Height</b><br>_____ ft agl   |  |

|  |  |   |   |
|--|--|---|---|
| <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 type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>50</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|--|--|---|---|

|  |   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
|--|---|---|----------------------------------|--|-------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------|---|-------------------------------|--------------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|-------------------------------|----------------------------------|
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> None    | <input type="checkbox"/> Drizzle | <input type="checkbox"/> Freezing Rain | <input type="checkbox"/> Rain | <input type="checkbox"/> Ice Pellets | <input type="checkbox"/> Snow Shower | <input type="checkbox"/> Snow | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower | <input type="checkbox"/> Hail | <input type="checkbox"/> Snow Grains | <input type="checkbox"/> Freezing Drizzle | <input type="checkbox"/> Rain Showers | <input type="checkbox"/> Ice Crystals |  | <b>Restriction to Visibility</b> (Check all that apply) <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog | <input type="checkbox"/> Blowing Dust | <input type="checkbox"/> Ground Fog | <input type="checkbox"/> Blowing Sand | <input type="checkbox"/> Haze | <input type="checkbox"/> Blowing Snow | <input type="checkbox"/> Ice Fog | <input type="checkbox"/> Blowing Spray | <input type="checkbox"/> Smoke | <input type="checkbox"/> Dust | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Drizzle  | <input type="checkbox"/> Freezing Rain      |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain  | <input type="checkbox"/> Ice Pellets  | <input type="checkbox"/> Snow Shower        |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Snow  | <input type="checkbox"/> Snow Pellets   | <input type="checkbox"/> Ice Pellets Shower |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Hail  | <input type="checkbox"/> Snow Grains  | <input type="checkbox"/> Freezing Drizzle   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Rain Showers  | <input type="checkbox"/> Ice Crystals   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input checked="" type="checkbox"/> None   | <input type="checkbox"/> Fog  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Dust  | <input type="checkbox"/> Ground Fog   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Sand  | <input type="checkbox"/> Haze   |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Snow  | <input type="checkbox"/> Ice Fog  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |
| <input type="checkbox"/> Dust  | <input type="checkbox"/> Unknown  |   |                                  |  |                               |                                      |                                      |                               |                                       |   |                               |                                      |   |                                       |                                       |  |  |  |                              |                                       |                                     |                                       |                               |                                       |                                  |  |                                |                               |                                  |

| <b>Icing Forecast</b><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</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input checked="" type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table> | Type | Severity | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Light | <input type="checkbox"/> Clear Air | <input type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme |
|--|---|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|--|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---|------|----------|-------------------------------|---|------------------------------------|-----------------------------------|---|---------------------------------|--|----------------------------------|
| Amount   | Type                                      |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A                 |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime                |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown             |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Unknown  |   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| Amount   | Type                                      |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input checked="" type="radio"/> None  | <input type="radio"/> N/A                 |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Trace  | <input type="radio"/> Rime                |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Light  | <input type="radio"/> Clear               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Moderate   | <input type="radio"/> Mixed               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Severe   | <input type="radio"/> Unknown             |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="radio"/> Unknown  |   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| Type   | Severity                                  |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="checkbox"/> None  | <input checked="" type="checkbox"/> Light |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input type="checkbox"/> Clear Air   | <input type="checkbox"/> Moderate         |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |  |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |   |      |          |                               |   |                                    |                                   |   |                                 |  |                                  |
| <input checked="" 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:**

NONE



**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)*

LANDING GEAR - DESTROYED, TAIL SECTION - DESTROYED,  
 ENGINE - DESTROYED, ROTORS  $\frac{1}{2}$  ROTOR HEAD - DESTROYED  
 SEAT BACKS - BROKE AND ONE SEAT BELT RIPPED OUT

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

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

**CRASH DETAILS FOR N635BC - Auto-Gyro**

After a safety briefing with the passenger, we departed Lampson Airfield 102 at 8:30am the morning of Aug. 4th 2020. The trip was for sightseeing the beauty that Lake county has to offer and we planned on returning back to Lampson in about 1.5 hours.

During our flight I saw a ranch which belonged to an old flying friend of mine located in the foothills of the city of Upper Lake. So I decided to drop down from 3000 AGL for a closer look. At 1000 AGL I circled his property and noted an emergency landing area if need be, which I kept in my flight path on future passes. I circled a second time at an airspeed of 65 mph and 600 AGL. As we were departing his ranch I thought I noticed him on the ground so decided to do one last pass at 40mph and 300 AGL over his field in hopes of spotting him. At 40 mph I know that 300 AGL is the lowest I should go for safety.

My misjudgement was that while I looked down and backwards to the ground for approx. 2.5 to 3 seconds I accidentally pulled the stick backwards as I turned my body to look. I felt a change in the flight behavior of the gyro and quickly looked at the gauges and saw that I had slowed the gyro down to 20 mph and said "Shit" knowing that at full throttle level flight was not possible and that we were at 200 AGL and passing the emergency landing field. So I immediately aimed the gyro just over the tree tops in front of us in the hopes of gaining enough airspeed to get to level flight and be able to fly safety down the backside on the 35 degree hill. I knew I needed to be going at least 50 to 55 mph to make it work. By the time we had dropped down to just over tree height I was only going 40 at full throttle and was still dropping due to the inertia of the initial descent when going 20 mph. I knew I would be hitting approximately the top foot of the oak trees. I knew from my studies and training that I needed to get the tail section to drop into the trees first. So as I felt the landing gear touch the tree I flared by pulling the stick as far back as possible letting the tail section and engine section drop in first and taking the crash impact. We fell through the trees to the ground landing flat with the fuselage fully intact and pointing down a 35 degree hill.

On the ground I checked with the passenger to see how he was doing, at which time we both felt we had broken our backs and we agreed to stay put in the gyro and wait for help. My friends neighbor and my friend showed up to help call 911.

Lesson learned: When doing a low - slow flight do not take your eyes off of the flight path and gauges, or better yet be up at twice the AGL listed in the below the power curve chart. Also don't do it in mountain terrain and in areas of trees.

Bill Langan



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

Operator/Owner Safety Recommendation

Staying twice as high as recommended for the air speed when flying over mountainous terrain. Realizing that prospective of height and speed can be affected by terrain angles, slopes, trees, and etc. When in slow flight being very aware how fast the aircraft can slow down and how looking to the side and below and/or behind can cause the body to accidentally pull back on the stick causing a quick slow down of the aircraft to occur.

**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)

\_\_\_\_\_ **10** \_\_\_\_\_ 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: \_\_\_\_\_

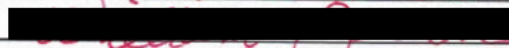


**ADDITIONAL INFORMATION** (Please type or print in ink)

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  
09/02/2020  
mm/dd/yyyy

Name of Pilot/Operator: WILLIAM JENSEN  
Signature:   
-- or --  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.<br>WPR20CA253 | Reviewed by NTSB Regional Office<br>WPR | Name of Investigator<br>James M. Bledsoe | Date Report Received<br>9/2/2020 |
|--|---|--|----------------------------------|



