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

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

Eng. 2 70.4	BASIC	PINFO	RM	(i)(0))											
Calitude Mode: Construct Collision with Other Aircraft: O Midair On-ground None	Acciden	t/Incider	t Loc	ation		(1						
Collision with Other Aircraft: O Midair One-ground None None Nanatacturer: 1918 Nanatactu	Nearest C	ity/Place:	1501	<i>unery</i>	ue for	TUNK	_State: <	<u>-A</u>	Date			D Lo	cal Time: _	2200	
Collision with Other Aircraft: O Midair One-ground None None Nanatacturer: 1918 Nanatactu				Country: <u>U</u>	>^	7.10			Time Zone: PsT						
Registration Number: M9 & 2-5 B. Manufacturer: B&CALCRAFT Model: C-Q OA Maximum Gross Weight: Office Oktobase Plight Number of Seats: D Flight Crew Seats: L Cabia Crew Seats: D Flight Crew Seats: D Flight Crew Seats: L Cabia Crew Seats: D Flight Crew Seats: D Flight Crew Seats: L Cabia Crew Seats: D Flight Crew Seats:	Latitude						م ٦٠			,					
Registration Number: V982.5 B		(Enter in	decima	l degrees or d	egrees:minutes:sec	conds)			Col	llision with (Other Airo	raft: C) Midair	OOn-groun	d None
Mauriarum Gross Weight: Olice Single Maximum Gross Weight: Olice Single Maximum Gross Weight: Olice Single Single Maximum Gross Weight: Olice Single	AIRCI	A FINI	NEO)	OLTAMS	V								(A) Service		
Maufacturer: GECHCR-R-FT	Registr	ation Nu	mber:	N982	.5B				, , , , , , , , , , , , , , , , , , ,						
Serial Number: LY 1518 Weight at Time of Accident/Incident: Type of Airworthiness Certificate (Check all that apply) Original Design Origin Design	Manufa	cturer:	BE	ECHCR	AFT							gnt			
Vear of Manufacture: 1918 Make: Cabia Crew Seats: Z Cabia Crew Sea	Model:	Model: <u>C90A</u>							M	aximum Gro	ss Weight	: tc	160,	∉ lbs	
Amateur-Built: OYes f Yes: OKit/Plans Make: Original Design Continuous Airworthiness Certificate (Check all that apply) Continuous Airworthiness Certificate (Check all that apply)	Serial N	umber:	<u></u>	71518					W	eight at Tim	e of Accid	ent/Inci	dent: 9	377. \$	lbs
Amateur-Built: Ove if /ee Original Design Category of Aircraft Airplanc Ooriginal Design	Year of	Manufa	cture:	199	8				Nu	umber of Sea	ts: 5		Flight Cre	w Seats:	2
Category of Aircraft Type of Airworthiness Certificate Airplane Check all that apply) Category of Aircraft Airplane Check all that apply Category of Aircraft Check all that apply Category of Continuous Airworthiness Category of Aircraft Check all that apply Category of Continuous Airworthiness Category of Aircraft Check all that apply Category of Continuous Airworthiness Category of Aircraft Check all that apply Category of Continuous Airworthiness Category of Category of Continuous Airworthiness Category of Category	Amateu	ır-Built:	O Yes	If Yes: (Kit/Plans Mai	ke:			Ca	bin Crew Seats	NIG	+	_		3
Check all that apply			⊗ No	. (Original Design				Nu	umber of En	gines:	2			
Standard Special Mornal Restricted Gilder Goldier Go	Catego	ry of Air	craft			rtificate				· · · · · · · · · · · · · · · · · · ·		Engine	Type (Se		
Second Second Control Continuous Airworthiness OANP OAnnual OConditional Inspection Type OLD Last Inspection OLD Last Inspec					• • • • •			l '							
October Balloon Provisional Balloon Provisional Commuter Special Flight Balloon Provisional Skid Skid	OBlimp	/Dirigible		™ Norma	ıl 🗖 Restric				iccu		ilwheel	🐼 Turb	o Prop	OHybr	id Rocket
Commute Special Flight Commute Special Flight Skid Sk				_		_	•		_					-	
ORocket OUlknown OFuel-Injected Offuer Launch/Recovery System Offuer Manufacturer's Offuel-Injected Offuer Launch/Recovery System Offuer Manufacturer's Offuer Man					uter Specia	l Flight								Othki	.OWII
OUhrknown Certificate of Authorization or Waiver (COA) Other Launch/Recovery System Ocarburetor OFuel-Injected	· -							□Float		□Sk					
OUnknown Certificate of Authorization or Waiver (COA) Other Launch/Recovery System OFuel-Injected	_	1		LI Utility				L Hull		∐Sk	i/Wheel	Fuel Sy	stem Type	(Reciprocati	ng)
None				☐Certificate				Other Lau	inch	Recovery Syst	em	O Carb	uretor	O Fuel-	Injected
Engine Engine Engine Engine Engine Manufacturer Serial Number Model/Serial Number Model/Seri								☐ None		U	nknown				
Engine Engine Manufacturer Model/Series Serial Number model/Syry O Ibs of Thrust (hours) (hours) (hours)					France		Manuf	acturar's							
Eng. 2 (PANT & LONGANCE) PTGA - 135A PZ - 1079 Objection Propeller 1 OFixed Pitch OGround Adjustable Propeller 2 OFixed Pitch OGround Adjustable OGround Adju	Engine	Engine I	/anufa	cturer			1 .			mm/dd/yyyy					
Eng. 4 Last Inspection Type Olion-Hour Ocontinuous Airworthiness OAAIP Oconditional Inspection OAnnual Ounknown Date Last Inspection: OLast In							P	Z-1078		08/09/200					
Last Inspection Type		77295	t W	HITWEY	PT64-1	35A	<u> </u>	2-1079	_	08/09/2010	750		2142.6	355.6	2142.6
Propeller 1													ļ		
Continuous Airworthiness		unation	Trino		——————————————————————————————————————	Propell	er 1	OFixed P	itch	<u> </u>	Prope	ller 2	0	Fixed Pitch	L
OAAIP OAnnual OLynknown Date Last Inspection: OL/O4/2020 mm/dd/ynyy Airframe Total Time: 3868.3 hrs hours measured at (Select one) OLast Inspection Other Approved Inspection Program (AAIP) OBSECTIPTION OF Fire Extinguishing System OSpecify: Manufacturer: Madditional Capture Model: YHFR 34C 768 - AC Additional Capture Additional C		-		tinuous Airwo	wthings	_					•.		_		
Date Last Inspection: Date Last Inspection: Ob Oct Color	OAAIP		O Con	ditional Inspec		Manufac	turer:	-	,	justaore	Manu	facturer:	-	-	stable
Date Last Inspection: D6 24 262			-		,	1				4C					
Airframe Total Time: 3868.3 hrs hours measured at (Select one) O Last Inspection Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O Specify: If Yes: ELT Manufacturer: MRTE X Model or Part No.: ME 406 TSO No.: O C91 (121.5 MHz) O C91a (121.5 MHz) O C	Date L	ast Inspe	ction:	06/04	1/2020	ELT In	stalled:	Q Yes O	No						
hours measured at (Select one) O Last Inspection Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O Specify: Manufacturer: MRTE X Model or Part No.: ME U 6 TSO No.: O C91 (121.5 MHz) O C91a (121.5 MHz) Manufacturer: MRTE X Model or Part No.: ME U 6 Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Flight Bag or Handheld Device Electronic Primary Flight Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Satellite Tracking Device Satellite Tracking Device Satellite Tracking Device Satellite Tracking Device Other, Specify:	Airfran	ne Total	Гime:								MAD:	S-B	• '		-rrv/
Type of Maintenance Program (Select one) O Annual O Conditional (Arnateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O Specify: Maudicater Program (Select one) Was ELT still mounted in aircraft? Syes ONo Did ELT Activate? Oyes ONo Did ELT Add in Locating Aircraft: Oyes ONo If activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aircraft: Oyes Ono Did ELT Aircraf		i												_	
Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O Specify: Was ELT still mounted in aircraft? Syes ONo Was ELT still connected to antenna? Syes ONo Did ELT Activate? Oyes ONO If activated: Did ELT Aid in Locating Aircraft: Oyes ONO If not activated: Did ELT Aid in Locating Aircraft: Oyes ONO If not activated: Indicate Reason: Impact Damage Impact Damage Other, Specify:	OL	ast Inspect	ion	Time of A	ccident/Incident					. (101.63.63	15C1 A		CK Indicato	1	
O Annual O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O Specify: Was ELT still mounted in aircraft? Syes Ono Was ELT still connected to antenna? Syes Ono Did ELT Activate? Oyes Ono If activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono O Specify: Display Onboard Weather Satellite Tracking Device Stall Warning System Other, Specify: Did ELT Aid in Locating Aircraft: Oyes Ono O Onditional (Amateur-built only) O Other, specify: Did ELT Activate? OYES ONO Did ELT Activated: Did ELT Acti	Type of	Mainten	ance l	Program (Se	elect one)	150 No.			JC9	1a (121.5 MHz	Le Dau				
Was ELT still connected to antenna? The still connected to a		1				Wee ET	•	, ,	.e.o	AVas ONa					vice
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System None O Specify: Did ELT Activate? Oyes No If activated: Did ELT Aid in Locating Aircraft: Oyes ONo If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Aid in Locating Aircraft: Oyes Ono If not activated: Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Satellite Tracking Device Talkituded Ors I Heads Up Display Onboard Weather Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Did ELT Activate? Oyes Ono I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display Onboard Weather Did ELT Activated: I Heads Up Display I H											Elec	tronic Pri	mary Fligh		
O Commutations Arryoftniness O Other, specify: Description of Fire Extinguishing System None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage Impact Damage Impact Damage Impact Damage Other, Specify: Donboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify:	O Other	Approved	Inspec	tion Program	(AAIP)	i		e? OYes 👰	No						
Description of Fire Extinguishing System Very None O Specify: If not activated: Impact Damage □ Fire Damage □ Battery Expired/Damaged □ Other, Specify: □ Battery Expired/Damaged □ Other, Specify:			vorthin	ess				acating Aires	£4. 4	OVac ON	Onb	oard Wea	ther		
None Indicate Reason: ☐ Impact Damage ☐ Video Recording Device ☐ Fire Damage ☐ Other, Specify: ☐ Battery Expired/Damaged			ire Ev	tinguishin~	System	i		ocaung Aircra	it: (Ores ONo				;	
O Specify: ☐ Fire Damage ☐ Other, Specify: ☐ Battery Expired/Damaged			T C TOY	anguisinig.	System	1 "		☐ Impact Dat	mage	e					
	O Spec	ify:						Fire Dama	ge						
								☐ Battery Exp	pirec	d/Damaged					

perfectly (reference) and other control of the property of the perfect of the per	Branfordiniforni	WICH					
Registered Airc	_		City: SOUTH JORDAN				
Name: GUP	ROIAN FLIGH	Tiuc :	State: UTAN ZIP: 84095-4043				
Fractional Owner	rship Aircraft: O Yes 🗖	No	Country: USA				
Operator of Air			☐ Same Address as Registered Owner				
Name: Ca	1-One Life FI	ight	City:				
Doing Business			State: ZIP:				
Air Carrier/Oper	ator Designator (4 Characte	er Code): XKA	Country:				
Operating Certi (Check all that app		Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
☐Supplemental ☐Air Cargo	erating Certificate (FAR 121)	OFAR 91 OFAR 129 OFAR 6 OFAR 103 OFAR 133 OFAR 6 OFAR 121 OFAR 135 OFAR 6 OFAR 125 OFAR 137 OFAR 6	431 Non-Scheduled or Air Taxi International 435 437				
☐Foreign Air Car ☐Rotorcraft Exter	ners (FAR 129) nal Load (FAR 133)	OFAR 91 Special Flight	Passenger Cargo				
Commuter Air Con-Demand Air	arrier (FAR 135)	O Non-US, Commercial O Non-US, Non-commercial	Mail Contract Only				
Commercial Air Agricultural Air Pilot School (FA Certificate of Ai Commercial Spa Experimental Pe	Tour (FAR 136) craft (FAR 137) R 141) thorization or Waiver (COA) ce Transportation mit ce Transportation License	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Race/Show O Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning				
Revenue Sights	eeing Flight	Air Medical Flight	O External Load O Skydiving				
_	No	Yes O No	O Ferry				
AIRPORT IN	izoitinyay (onsignisia	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
	_		er de la fille de la				
Airport Name: ROHNEWILLE			Distance From Airport Center: 0 - 20				
			Distance From Airport Center: 0.20 sm				
Airport Identific			Distance From Airport Center: 0.20 sm Direction From Airport: degrees true Airport Elevation: 373 ft. msl				
Airport Identific Proximity to Air Runway Inform	er: KFOT port: O Off Airport/Airstri ation		Direction From Airport: degrees true Airport Elevation: 373 ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm				
Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landir	er: KFOT port: O Off Airport/Airstri ation	o GOn Airport/Airstrip ON/A Cob S ft Width: 100 ft Copply) dam	Direction From Airport: degrees true Airport Elevation: ft. msl Condition of Runway/Landing Surface (Check all that apply)				
Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt	ation (L/R/C) Length: g Surface (Check all that a Grass/Turf Maca	ft Width: 100 ft spply) dam	Direction From Airport:				
Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt	port: O Off Airport/Airstri ation (L/R/C) Length: g Surface (Check all that a Grass/Turf	ft Width: 100 ft Water Wood OON Instrument Ap	Direction From Airport: degrees true				
Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depa OTaxi OTakeoff OInitial Climb	port: O Off Airport/Airstri ation (L/R/C) Length: g Surface (Check all that a Grass/Turf	ft Width: 100 ft Water Wood OON Instrument Ap	Direction From Airport:				
Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depa OTaxi OTakeoff OInitial Climb	port: O Off Airport/Airstri ation (L/R/C) Length: 4 g Surface (Check all that of the content	ft Width: 100 ft Water Wood OON Instrument Ap	Direction From Airport:				

"FLIGHT CREWMEMB	ER 1" INFO	DRMATIC	N .							
	O Student Pilot	OFlight In	structor O	i dent Check Pilot	O Flight	Engineer	O Other F	light Crew		
"Flight Crewmember 1" was j	pilot flying	Yes No	0		<u> </u>					
"Flight Crewmember 1" Iden First Name: DATION Middle Initial: M. Last Name: Age at time of A		nt: 64	Date of B	Sta		JSA-	PCKS Z	50 \$ 01	1	
			rtificate Num	ber:						
Degree of Injury None O Fatal O Minor O Unknown O Serious Pilot Certificate(s) (Check all t.	Seat Occupi Left Right Center	O Front O Rear O Single	O Unknow	m A	vailable O None O Lap onl O 3-point		Used O None O Lap only O 3-point		Inflatable R ■ Not Inst □ Installed □ Not Dep	alled l bloyed
□ None □ Private □ Student □ Student	structor 🖪 C	Commercial Airline Transpo Tight Engineer		n	4-point 5-point Unknov	vn	6 4-point O 5-point O Unknow	'n.	☐ Deploye	
Pilot O Other	Class I	Class 3	nse (Sport Pilot	only)	ithout limit	ficate Val ations/waiv ons/waivers nce	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	nknown	Date of Las 12/03 mm/dd/yy	12019
Medical Certificate Limitatio		ne ey	E GLAS	ses f	ختر کما	'BR	V15\1	۰۳۰		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	U J U IJ W	Make:		lo						
	mm/dd/yyyy	Model		70A			25 (* (-)			
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea	Other Aircraf (Check all that a None Airship Balloon Glider Gyroplane Helicopter Powered Lift	pply)	(Check al. None Airpla Helico	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift			ine [☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport		
Type Ratings L-38Z MD-11						Student E	ndorsemer	ats (Include	dates)	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Mulfiengine	Night	Instr	ument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	715000	7(000	1500	715000	7000		300			
Pilot in Command (PIC)	> 7500	71000	1500	71500	3500		V 10 1			
Time as Instructor	7 2700	Ø	250	2700	700	750	250			14
This Make/Model					700	350				
Last 90 Days	730	66.0	7.5	66.0	35	15				
Last 30 Days	39.0	30.0	વિ	30,0	20	lo				
Last 24 Hours	4,5	4.5	Ø	4.5	4	2		12.55		

"Flight Crewmember 2" OPilot OCo-Pilot "Flight Crewmember 2"	O Student Pilot			Pilot OFligh			<u> </u>		. 1 2 2
"Flight Crewmember 2"				G					
First Name:		<u> </u>		City of Res	idence:				
Middle Initial:				State:		ZIP	: 		
Last Name:				Country: _		<u> </u>		<u> </u>	
Age at time	of Accident/Incident: _		Date of Birth:		mm/d	d/yyyy			
			icate Number:	In 4 3-4 75-		in the second second	In	flatable Resi	train
Degree of Injury	Seat Occupied	OFront	O Unknown	Restraint Ty			111	Hatable Res.	
O None O Fatal O Minor O Unknown		ORear	Olikilowii	Available O None	•	sed O None		□ Not Installe	ed
O Serious	O Center	OSingle		O Lap o	nly (O Lap only		☐Installed	
Pilot Certificate(s) (Che	ck all that apply)			O 3-poi		O 3-point O 4-point		☐ Not Deploy ☐ Deployed	yea
	ght Instructor Con	nmercial	US Military	O 4-poir O 5-poir		O 5-point		Unknown	
☐ Private ☐ Re☐ Student ☐ Sī	Olouroum -	line Transport ght Engineer	☐ Foreign	O Unkn		O Unknown			
Principal Occupation	Medical Certificate	e		Medical Cer	rtificate Vali	dity	D	ate of Last N	Medi
O Pilot	O None OCI	lass 3			nitations/waive		known		
O Other O Unknown	O Class 1 O Di	river's License nknown	(Sport Pilot only)	O With limits O Special Iss	ations/waivers uance	O N/ <i>I</i>	A –	mm/dd/yyyy	_
Medical Certificate Spe Date of Last Flight Rev	iew	Flight R	teview Aircraft						
	iew g	_ Make: _							
Date of Last Flight Rev or Equivalent, Includin FAR 121/135 Checks:	iew g mm/dd/yyyy	Make: Model: _				Rating(s)			
Date of Last Flight Rev or Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s)	iew g	Make: Model: _ Rating(s)		ating(s)	Instructor I				
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)	mm/dd/yyyy Other Aircraft I (Check all that app □ None	Make: Model: _ Rating(s)	Instrument Ra (Check all that a)	ating(s)	Instructor I	at apply)		Înstrument Air	
Date of Last Flight Revor Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	mm/dd/yyyy Other Aircraft I (Check all that app None Airship	Make: Model: _ Rating(s)	Instrument Ra (Check all that a, □ None □ Airplane	ating(s)	Instructor I (Check all the	<i>at apply)</i> Single-Engin	e 🔲	Instrument Air Instrument Hel Helicopter	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	mm/dd/yyyy Other Aircraft I (Check all that app □ None	Make: Model: _ Rating(s)	Instrument Ra (Check all that a)	ating(s)	Instructor I (Check all the None Airplane S Airplane I Gyroplane	at apply) Single-Engin Multi-Engine		Instrument Hel Helicopter Glider	
Date of Last Flight Revor Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Groplane	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the	at apply) Single-Engin Multi-Engine		Instrument Hel Helicopter	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane S Airplane I Gyroplane	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter	Make: Model: _ Rating(s)	Instrument Ra (Check all that a) None Airplane Helicopter	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine e Lift	e 🔲	Instrument Hel Helicopter Glider Sport	
Date of Last Flight Rev or Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine E Lift dorsement	s (Include da	Instrument Hel Helicopter Glider Sport ates)	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings Flight Time (Enter approximate approxim	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine E Lift dorsement	e 🔲	Instrument Hel Helicopter Glider Sport	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter approximate of hours in each both Total Time	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine E Lift dorsement	s (Include da	Instrument Hel Helicopter Glider Sport ates)	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings Flight Time (Enter approximate of hours in each between the command (PIC)	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine E Lift dorsement	s (Include da	Instrument Hel Helicopter Glider Sport ates)	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter approximate of hours in each both Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine E Lift dorsement	s (Include da	Instrument Hel Helicopter Glider Sport ates)	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter appronumber of hours in each both Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine Lift dorsement ument Simulated	s (Include da	Instrument Hel Helicopter Glider Sport ates)	Ligi
Date of Last Flight Revor Equivalent, Includin FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter approximate of hours in each both Total Time Pilot in Command (PIC) Time as Instructor	mm/dd/yyyy Other Aircraft I (Check all that app None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make:Model:Rating(s)	Instrument Ra (Check all that a) None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor I (Check all the None Airplane I Gyroplane Powered I	at apply) Single-Engine Multi-Engine Chift dorsement ument Simulated	s (Include da	Instrument Hel Helicopter Glider Sport ates)	

Mary Charles	FLIGHT CREWMEMBE	RS (Exclusiv	<u>re of cabin cr</u>	ew, complete	the followin	g information)		
Crew Name and	Address					Seat Occupie	d	Injury
First Name:		City of Reside	ence:			O Left	O Front O Rear	O None
Middle Initial: _		State:		ZIP:	 .	O Center O Right	O Single	O Minor O Serious
Last Name:		Country:			-	_	OUnknown	O Fatal O Unknown
Pilot Certificate	(s) (Check all that apply)					Restraint Ty	ne:	Inflatable
I	□ None □ Flight Instructor □ Commercial □ US Military							Restraints
☐ Private	□ Recreational [O None O Lap Only	O None O Lap Only	☐ Not Installed				
☐ Student	☐ Sport [O3-point	O 3-point	☐ Installed☐ Not Deployed				
Type Rating/En	dorsement for	Total I	light Time a	t the Time		O4-point O5-point	O 4-point O 5-point	□ Deployed
Accident/Incide		1 .	Accident/Inc		hrs	O Unknown	O Unknown	☐ Unknown
					86 SES - 286 DOLLY, M.S.			
Crew Name and	Address					Seat Occupie		Injury
First Name:	·		ence:			OLeft OCenter	O Front O Rear	O None O Minor
Middle Initial: _						ORight	O Single	O Serious
Last Name:		Country:					OUnknown	O Fatal O Unknown
Pilot Certificate	(s) (Check all that apply)					Restraint Ty	pe:	Inflatable
☐ None		Commercial	□us	Military		Available O None	Used O None	Restraints
☐ Private		Airline Trans	•	reign		O Lap Only	O Lap Only	Not Installed
☐ Student	□ Sport [☐ Flight Engine	eer			O3-point O4-point	O 3-point O 4-point	☐ Installed☐ Not Deployed☐
Type Rating/En		l l	Flight Time a			O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incide	nt Aircraft?	I	Accident/Inci		hrs	O Unknown	O Unknown	- Clikilowii
		The selection						
		EL (Include	cabin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Addr		EL (Include	Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
Name and Addr	ess		Seat	Injury	Restraint T	'ype Used	Restraints	
Name and Addr	ess		Seat OLeft	Injury None	Restraint T Available ONone Lap Only	'ype Used ○ None ● Lap Only	Restraints Not Installed	Age Under 5 years
Name and Addr First Name: Key Middle Initial:		+ CIty 95531	Seat OLeft OCenter Right	Injury None O Minor O Serious	Restraint T Available ONone Lap Only O3-point	Used O None Lap Only O 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years
Name and Addr First Name: Key Middle Initial: Last Name: Cun	ess in City: <u>Crescern</u> State: <u>CA</u> ZIP: pbell Country: <u>US</u>	+ CIfy 95531 4	Seat OLeft OCenter Right OUnknown	Injury None O Minor	Restraint T Available ONone Lap Only O3-point O4-point O5-point	Used O None Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed	☐ Under 5 years
Name and Addr First Name: Key Middle Initial:	css In City: <u>Crescern</u> State: <u>CA</u> ZIP:	+ CIty 95531	Seat OLeft OCenter Right	Injury None OMinor OSerious OFatal	Restraint T Available O None Lap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, O Child Restraint
Name and Addr First Name: Key Middle Initial: Last Name: Cun	css IN City: Crescent State: CA ZIP: Apple Country: USA OPassenger City: Crescent	+ C1+y 95531 4 OOther	Seat OLeft OCenter Right OUnknown Row:	None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Cur Crew First Name: Cur Middle Initial:	City: Crescent State: CA ZIP: OPassenger City: Crescent Country: USA OPassenger City: Crescent City: City: Crescent City: City: Crescent City: City: Crescent City: City: Crescent City: Crescent City: City: Crescent City: City: Crescent City: Cit	+ C1+4 95531 4 OOther + C1+ 95531	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter	None OMinor OSerious OFatal OUnknown None OMinor	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Cur Crew First Name: Cur Middle Initial:	css IN City: Crescent State: CA ZIP: Apple Country: USA OPassenger City: Crescent	+ C1+4 95531 4 OOther + C1+ 95531	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight	None OMinor OSerious OFatal OUnknown None OMinor OSerious	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Not Deployed	Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Addr First Name: Kew Middle Initial: Last Name: Cur Crew First Name: Cur Middle Initial:	City: Crescent State: CA ZIP: OPassenger City: Crescent Country: USA OPassenger City: Crescent City: City: Crescent City: City: Crescent City: City: Crescent City: City: Crescent City: Crescent City: City: Crescent City: City: Crescent City: Cit	+ C1+4 95531 4 OOther + C1+ 95531	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter	None OMinor OSerious OFatal OUnknown None OMinor	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Name and Addr First Name: Kew Middle Initial: Last Name: Cur Crew First Name: Cur Middle Initial: Cur Last Name: Head	City: Cresceral State: CA ZIP: OPassenger City: Cresceral OPassenger City: Cresceral OPassenger OPassenger OPassenger	6 Cother 95531	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown	None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O4-point O5-point OUnknown Available Available	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used Used Used Used Used Used	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
Name and Addr First Name: Kell Middle Initial: Last Name: Crew First Name: Last Middle Initial: Cast Name: Crew Crew First Name: Crew	css IN City: Crescent State: CA ZIP: OPassenger City: Crescent OPassenger City: Crescent OPassenger City: Crescent OPassenger City: Crescent City:	75531 4 00ther 1 Cely 95531 A	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O None O None O None O None	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Last Name: Crew Crew First Name: Hep Crew First Name: Hep Middle Initial: Middle Initial:	css in City: Crescent State: CA ZIP: OPassenger City: Crescent C	6 C. G. 955.3 I	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O1-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used None Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Not Installed Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Crew Crew First Name: Hep Crew First Name: Last Name:	City: Crescera State: CA ZIP: OPassenger City: Crescera OPassenger City: Crescera OPassenger City: Crescera OPassenger City: Crescera City: Crescera	FC144 95531 4 00ther FC44 95531 A 00ther	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown	Injury None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OFatal OUnknown	Restraint T Available O None Lap Only O3-point O4-point O5-point OUnknown Available O None Lap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available O None OLap Only	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used D None Lap Only O 3-point O 4-point O 4-point O 4-point O Unknown Used O None O Lap Only O None O Lap Only	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown Not Installed Installed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Last Name: Crew Crew First Name: Hep Crew First Name: Hep Middle Initial: Middle Initial:	City: Crescera State: CA ZIP: OPassenger City: Crescera OPassenger City: Crescera OPassenger City: Crescera OPassenger City: Crescera City: Crescera	6 C. G. 955.3 I	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used D Apoint O 4-point O 4-point O 4-point O Unknown Used O None Lap Only O 3-point O 4-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Unknown Not Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, If Under 5 years If Under 5 years
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Last Name: Hep Crew First Name: Hep Crew First Name: OCrew First Name: OCrew First Name: First Name: OCrew	City: Crescent State: CA ZIP: Country: US A City: Crescent City: Crescent City: Crescent City: Country: US A City: Country: US A City: Country: City: Country: Country: Country: City: Country: City: Country: City: Cit	FC/4y 9553/4 OOther OOther	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O5-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Unknown Not Installed Installed Installed Installed Installed Installed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Crew Middle Initial: Crew First Name: Hep Crew First Name: Last Name: OCrew	City : Crescern	95531 4 OOther H. C. K. 95531 A OOther	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Counter OCenter	Injury None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 1-point O	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Unknown Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Last Name: Hep Crew First Name: Hep Crew First Name: OCrew First Name: OCrew First Name: First Name: OCrew	City: Crescent State: CA ZIP: Country: US A City: Crescent City: Crescent City: Crescent City: Country: US A City: Country: US A City: State: ZIP: Country: OPassenger OPassenger City: ZIP: Country: City: City	95531 4 OOther H. C. K. 95531 A OOther	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point ONone Navailable ONone ONone	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown Under 5 years If Under 5, Ohild Restraint O Lap-Held O Unknown
Name and Addr First Name: Kew Middle Initial: Last Name: Crew First Name: Crew Crew First Name: Hen Middle Initial: Last Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City : Crescern	95531 4 OOther H. C. K. 95531 A OOther	Seat OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Counter OCenter	Injury None OMinor OSerious OFatal OUnknown None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone Lap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point	Used O None Lap Only O 3-point O 4-point O 5-point O Whone Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Unknown Not Deployed Unknown Not Installed Installed Installed Installed Installed Installed Installed Installed Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHT ITIN	ERARYIN	IFORMATION	1						
Last Departure l	Point	Tim	e of Departure	Destinatio	n		Type Fligh	t Plan Filed	
Airport ID:	<u>ec</u>	T'	214	Airport ID:			None None	O VFR/IFR	
City: Clescer			214	City:	Reside	FUZTUWA	O Company O Military V		
	State: CALIFOLNIA Ti		Zone: 188	State: C	ALI ARNO	A	O VFR	VI K Olikilowii	
	Country: U.SA		Country: USA			Activated?	OYes ONo OUnknown		
		ice (Check all that	annly)						
□ None		Special VFR		cial IFR		☐ VFR Flight Foll	owing	☐ Cruise	
VFR		FR	☐ VFI	R On Top		☐ Traffic Advisory	7	☐ Unknown / NA	
Airspace where		incident occurred						Altitude of In-Flight	
Class A		Class G Demo Area		tary Operations out Advisory Ar		☐ Special ☐ Air Traffic Cont	rol Area	Occurrence:	
Class C		Varning Area		Training Area		Unknown		393 ft msl	
Class D		rohibited Area	☐ TRS						
☐ Class E		Restricted Area							
		TION AT THE	PACCELLIEN	MINICIPEN		····			
Source of Pilot V (Check all that appl		rmation				servation Facility			
National Weath	1	☐ Com	pany			Ker			
☐ Flight Service S	tation	☐ Milit				ime: <u>2200</u>			
☐TV/Radio ☐Automated Rep	ort	☐ Inter ☐ None			Time Zone:				
Commercial We	ather Service (I						Ø		
On-Board Weat			V. V. & W.		Direction from	Accident Site:	Ø	degrees true	
Basic Conditions OVMC	3		Light Conditi ODawn	on ODusk	₽ Dom	k Night OU	ıknown		
OIMC			ODay	Night		ght Night	IKHOWH		
O Unknown									
Sky/Lowest Clo	ud Condition	l	Ceiling			Temperature		(C) or 258 (F)	
Clear		Thin Broken	None (Clear)		Obscured Indefinite	Dew Point:	((c) or ~ 50 (F)	
O Few O Partial Obscura		Thin Overcast Unknown	O Broken O Overcast		Unknown				
O Scattered						Altimeter Setting: 299 in. Hg			
Lowest Cloud C	ondition Hei	-	Ceiling Heigh	t	0 1		V1		
<u></u>		_ft agl			ft agl				
Wind Direction		Wind Speed	•	Wind Gusts		Visibility	9	miles	
Variable		Calm		Not Gustir	ng	RVR	.:		
		☐ Light and Varia	able			i			
-or- Direction:	degrees true	-or- Speed:	kts	-or- Speed:	kts		7:		
Intensity of Pred						Density Altitu			
O Light	эрнацон	Type of Precipit None	· •		a Dain	None	Visibility (C	Check all that apply)	
O Moderate		Rain	Ice Pellets	☐ Snow S		Blowing D		Ground Fog	
OHeavy		Snow	Snow Pellet			☐ Blowing Sa		Haze	
N/A OUnknown		☐ Hail ☐ Rain Showers	☐ Snow Grain ☐ Ice Crystals	-	ig Drizzie	☐ Blowing St		ce Fog Smoke	
						☐ Dust		Unknown	
Icing Forecast	•		Icing Actual			Turbulence			
Amount None	Type ● N/A		Amount None	Type N/A		Type (Check a	ıll that apply)	Severity □Light	
O Trace	O Rime		O Trace	O Rime	:	Clear Air		☐Moderate	
O Light O Moderate	O Clear O Mixed		O Light O Moderate	O Clear O Mixe		☐ Terrain-Ind		Severe	
O Severe	O Unknown	n ·	O Severe	O Unkr		Convective	rarousence	☐ Extreme	
OUnknown			O Unknown						
NOTAMs (D a	nd FDC), A	IRMETs, SIGN	AETs, PIREP	s in effect at	the time of t	he accident/inci	dent:		
1/ARIE	US TF	FRS FOR	. FIRE 1	FIGHTIA	Va ofa	RATIONS.	W No	other	
"	ait.	ء مارسی	1-25 1	Com	of Al	1 014			
· .	CHITE	rma, A	וט מב פא	,	_ , _	,			
[

EDANNACE SEE	opalitetaataa	Neverriather	DPERTY		
Aircraft Damag	e	Aircraft Fire		Aircraft Explosion	
I	Substantial Destroyed Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O 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.

AUG 30, 2020 KCEC DEPARTURE TIME ZI: 40 LCL VFR IN VMC DIRECT TO KFOT ETA 2200 LCL CRUISE AZTITUDE 4500 MSL. NORMAL TAKEOFF, DEPARTURE & ARRIVAL FOR A STRAIGHT-IN TO RWY11 KFOT.

NORMAL RADIO CALLS CTAF (NO OTHER ATECRAFT IN VACINITY).

PILOT SELECTED FILL-BRIGHT RUNWAY IDENTIFIER EDGE LIGHTS

AT 10 AM. PILOT SELECTED REDUCED RUNWAY EDGE LIGHTS

AT 4 MM.

ATROPAGE CONFIGURED AND STABLE VISUAL APPROACH TO RWY II.
FULL FLAPS SCIETED AT 500 ACT. TOUCHED ONUM ON SPEED
AND CENTRELINE AT 500 FROM APPROACH END OF RWY II.
SCHETCH FULL PENTOSE (PROPERIES) AT APPROXIMATELY
ITOO STA FROM APPROACH END OF RWY II (at 2200 LOLITING)
A STANCE FEER OBSERVED FOLLOWED BY IMMEDIATE IMPACT
WITH LEFT (#) PROPERLIES. FURTHERED SCOTT-OFF FARE LATSIAE.
PILOT BROUGHT APPROACH TO STOP APPOXIMATELY 1400 FUTHER
FROM IMPACT. PERFORMED ENGINES SHUTDOWN CLEAN UP ITEMS.
NOTIFIED CREMMENBERS, SEATHE ATC, COMPANY & APPOXIMENT
OF INCIDENT. APPRANCED TUG & TOW, CLEANED RWY APPOXIMENT
OF INCIDENT. APPRANCED TUG & TOW, CLEANED RWY APPOXIMENT

KIEWOWIMEN	ATION (HOW	ould this a	ccident/incident/nev	e been prevent	ad?)				
Operator/Owner S	Safety Recommen	ndation							
Inst	ماأس الم	el I.fe	fencing	aroun	d The	entire	perime	eter o	f-the
atro	ort							—	
٦. ٦									
MECHANICA	LL SEAL CLIN	OTION/E	Au III -						
		P. P. P. C. C. C. D. L. C.	ALURE (If more	space is need	a, continue o	n separate sh	eer)	Total Time	/Cycles
			no., serial no., and desc	ribe the failure.)				On Part	, - J
									Hours
									Cycles
								Time Since	
								Inspected/0	Overhauled
									Hours
afueekkser	Wigies iner	izMATile	N						
Fuel on Board a			Fuel Type						
(Convert from poun	620		O 80/87 O 100 Low Lead	O 115/145	O Jet B O JP8	O Ot	her, specify		
		Gallons	O 100/130	O Jet A-1	O Auto	motive			
Other Services,	MONE	Departure							
	740/40								
EVACUATIO	NOE AROS	RAFT							
Was an emergen			ft performed?	□ Yes 🔼	No				
			exited and how mar			ocation			
Santa Landon Maria		v i totov							
Aircraft Registra	1	Manufactui	(If air or ground c	ollision occurre	d, complete t	his section for		age to Othe	r Aircraft
		Model:				····	_ 🗖 D	estroyed	☐ Minor
Registered Owne		raft		Pil	ot of Other A	ircraft		ıbstantial	☐ None
Name: City:	N,	1/4			me:	NA			·
State:	ZIP:		, , , , , , , , , , , , , , , , , , , ,		y: te:	ZIP:			
Country:					untry:				

ADDITIONAL INFORMATION (Please type or print in ink)								
Use this space if a	dditional space	s needed for any answers.						
				;				
				·				
				•				
I HEREBY GER			TIE AND ACCURATE TO THE BEST OF A	AY KNOWLEDGE				
Date of this Rep		Pilot/Onerator: DAVD M	PARMER					
09/29/2 mm/dd/yyyy	Signature							
	or	Check here to electronically sign this c	document					
1		erator is Filing Report						
Name:			Title:					
Signature: _ or		electronically sign this document						
UT	CHeck here it							
NTSB Accident/	Incident No	FOR NTSB/I Reviewed by NTSB Regional Office	JSE ONLY Name of Investigator	Data Parant Passing				
WPR20C	A312	WPR	Eric M. Gutierrez	Date Report Received 10/8/2020				

CERTIFICATE OF COMPLETED TRAINING

TR	AINEE NAME: Joshua Pomerinke	,							
<u>TY</u>	PE OF TRAINING:								
X	GROUND [] FLIGHT								
<u>CA</u>	TEGORY OF TRAINING (check all that apply):								
[]			[] REQUALIFICATION						
CR	EW POSITION:								
	PIC [] CHECK A INSTRUCTOR [] MED CRI	differential extension of a foregoing	A 400 PC (A 400 PC						
	14 CFR REQUIREMENTS	[] 2.	General Emergency						
[]	14 CFR 120.115 - Employee Assistance Program		[] a. Drills, Hands-on (Initial & each 24 mos.) [] b. Drills, Presentation (Intervening 12 mos.)						
[]	14 CFR 135.329 – Basic Indoctrination	[] 3.	Will-NOT Carry Hazardous Materials						
[]	14 CFR 135.330 - Crew Resource Management Training	[] 4.	Special: LTS Visibility Takeoff Operations						
[]	14 CFR 135.331 Crewmember Emergency Training	[] 5.	Special: Autopilot In Lieu of SIC						
[]	14 CFR 135.339 – Initial & Transition Training and Checking: Check Airmen (Aircraft)	[] 6.	Special: Crew Resource Management						
гз	14 CFR 135.340 – Initial & Transition Training and Checking:	[] 7.	Special: Air Ambulance Operations						
. 1	Flight Instructors (Aircraft)	[] 8.	Special: Contract Flight-Following Services						
[]	14 CFR 135.343 – Crewmember Initial and Recurrent Training Requirements	[] 9.	Special: Operational Control						
[]	14 CFR 135.345 – Pilots: Initial, Transition, and Upgrade Ground Training	[] 10.	Aircraft Ground: [] BE-C90 [] BE-200 [] R-44						
[]	14 CFR 135.347 – Pilots: Initial, Transition, Upgrade, and Differences Flight Training	[]11.	Aircraft Flight: [] BE-C90 [] BE-200 [] R-44						
r 1	14 CFR 135.351 – Recurrent Training	[] 12.	Aircraft Differences: [] BE-C90 [] BE-200						
	14 CFR 135.505(a) – HAZMAT Recognition Training	[] 13.	Flight Instructor/ [] Ground [] Flight Check Airman:						
	CURRICULUM SEGMENTS AND ADD'L SUBJECTS	[] 14.	Currency Requalification Module: [] VFR [] IFR						
[]	Basic Indoctrination Subjects	[] 15.	Additional Subject: Additional Subject:						
	This is to certify that the above named individual has satisfactorily completed the training indicated above (with a √ or X) in accordance with 14 CFR 135 and/or 14 CFR 120, as applicable, and the Cal-Ore Life Flight, LLC. Approved Air Carrier Training Program.								
Co	npletion Date 10-5. 2020 Training Hrs.	16	Aircraft Type BE90						
Ins	ructor Signature		Date 10.5.2020						
Tra	inee Signature		Date 10. 5.2020						