

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

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

**BASIC INFORMATION**

<b>Accident/Incident Location</b> Nearest City/Place: <u>Port Isabel</u> State: <u>TX</u> ZIP: <u>78578</u> Country: <u>USA</u> Latitude: <u>26.176149</u> (dd:mm:ss N/S) Longitude: <u>-97.356193</u> (ddd:mm:ss E/W)		<b>Date/Time</b> Date: <u>06/18/2014</u> Local Time: <u>3:10 PM</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>	
<b>Phase of Operation</b> <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input checked="" type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input checked="" type="checkbox"/> Approach <input type="checkbox"/> Unknown		<b>Collision with Other Aircraft</b> <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	<b>Altitude of In-Flight Occurrence</b> _____ ft MSL

**AIRCRAFT INFORMATION**

<b>Manufacturer:</b> <u>Piper</u> <b>Model:</b> <u>PA-28-180D</u> <b>Serial Number:</b> <u>28-4939</u> <b>Registration Number:</b> <u>N66AS</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Max Gross Weight:</b> <u>2,400</u> lbs <b>Weight at Time of Accident/Incident:</b> <u>1,820</u> lbs <b>Location of Center of Gravity at Time of Accident/Incident:</b> <u>86.11</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)
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<b>Category of Aircraft</b> <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport	<b>Number of Seats:</b> <u>4</u> If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: _____ Passengers: <u>1</u>	<b>Landing Gear</b> <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown
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<b>Type of Maintenance Program</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	<b>Last Inspection Type</b> <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown	<b>Date Last Inspection:</b> <u>11/18/13</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>174</u> hrs hours measured at (check one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
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<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Stall Warning System Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
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<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>ELT Manufacturer:</b> _____ <b>Model/Series:</b> _____ <b>Serial Number:</b> _____ <b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____
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<b>Engine Type</b> <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown	<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____
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Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	O-360	L-1123-36A		180			
Eng. 2								
Eng. 3								
Eng. 4								

**OWNER/OPERATOR INFORMATION**

<b>Registered Aircraft Owner</b> Name: <u>Bill Johnson</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Owner Address</b> City: <u>Abilene</u> State: <u>TX</u> ZIP: <u>79606</u> Country: <u>USA</u>
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<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____
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<b>Regulation Flight Conducted Under</b> <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Purpose of Flight</b> for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation</b> for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

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

<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) 22 nm Listened to Valley INTL ATIS and contacted Valley APP. With approximately 12 gallons of fuel left, 6 gallons in each tank. 17 nm from KPIL the left tank fuel pressure decreased with 2.5 gallons showing on the gauge prompting a switch to the right tank which showed 6 gallons remaining. 9 nm from the field and 1,000 feet the aircraft encountered brief moderate turbulence to which immediately afterwards the right tank level dropped to zero fuel in a 1 minute time span with a drop in fuel pressure. I started to switch from tank to tank trying to get all the fuel possible. Approximately 2-3 nm from the field at 100 knots the airport appeared to be attainable but gusty winds revealed a landing short of the perimeter fence was a reality. A progression check down went from Runway, hitting the perimeter fence, highway with traffic, to a field on the right hand side of the aircraft. I selected the field on the right as it offered the best promise for survivability. I thought I had pulled the flaps to 2 notches to clear some small trees but after climbing out after the crash revealed only 1 notch of flaps had been used.	<b>Total Time/Cycles On Part</b> _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b> _____ Hours
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

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

The aircraft was landed in a field just north of the airfield sustaining substantial damage. There was minimal damage to the field where the aircraft was landed and minor damage to a barbed wire fence when the aircraft was extracted.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

**Airport Identifier:** KPIL **Distance From Airport Center:** 3 SM  
**Airport Name:** Cameron County **Direction From Airport:** 300 degrees MAG  
**Proximity to Airport**  Off Airport/Airstrip  On Airport  On Airstrip **Airport Elevation:** 19 ft. MSL

**Approach Segment** (Select one)  
 On Instrument Approach  Landing  Base leg  Final  Go Around  
 Crosswind  Downwind  Low Approach  Aborted Landing (after touchdown)

**IFR Approach** (Check all that apply) **VFR Approach** (Check all that apply)  
 None  PAR  MLS  Practice  None  Stop and Go  
 ADF/NDB  Sidesstep  LDA  GPS  Traffic Pattern  Touch and Go  
 SDF  ILS  ASR  Loran  Straight-In  Simulated Forced Landing  
 VOR/TVOR  Localizer Only  Visual  Unknown  Valley/Terrain Following  Forced Landing  
 VOR/DME  LOC-back course  Contact  Go Around  Precautionary Landing  
 TACAN  RNAV  Circling  Full Stop  Unknown

**Runway Information** **Condition of Runway/Landing Surface** (Check all that apply)  
Runway ID: 13 (L/R/C) Length: 8,100 ft Width: 200 ft  
 Dry  Snow-Compacted  Water-Calm  
 Holes  Snow-Crusted  Water-Choppy  
 Ice Covered  Snow-Dry  Water-Glassy  
 Rough  Snow-Wet  Wet  
 Rubber Deposits  Soft  Unknown  
 Slush Covered  Vegetation

**Runway/Landing Surface** (Check all that apply)  
 Asphalt  Grass/Turf  Macadam  Water  
 Concrete  Gravel  Metal/Wood  Unknown  
 Dirt  Ice  Snow

**FLIGHT ITINERARY INFORMATION**

**Last Departure Point** **Time of Departure** **Destination** **Type Flight Plan Filed**  
Airport ID: KABI Time: 11:02 AM Airport ID: KPIL  None  VFR/IFR  
City: Abilene Time Zone: Central City: Port Isabel  Company VFR  IFR  
State: TX State: TX  Military VFR  Unknown  
Country: USA Country: USA  VFR  
Activated?  Yes  No

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

**Airspace where the accident/incident occurred** (Check all that apply)  
 Class A  Class E  Prohibited Area  Jet Training Area  Special  
 Class B  Class G  Restricted Area  TRSA  Air Traffic Control Area  
 Class C  Demo Area  Military Operations Area (MOA)  FAR 93  Unknown  
 Class D  Warning Area  Airport Advisory Area

**Aircraft Load Description** (Check all that apply)  
 None  Towing Glider  Parachutists  Livestock  
 Passengers  Towing Banner  Water  Unknown  
 Cargo  Other External  Chemical/Fertilizer/Seeds

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff** (convert from pounds, as necessary) **Fuel Type**  
50 Gallons  80/87  115/145  JP3  Other, specify \_\_\_\_\_  
 100 Low Lead  Jet A  JP4  
 100/130  Automotive  JP5

**Other Services, if Any, Prior to Departure**

Added 2 Quarts of oil to the engine.





## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

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

### Pilot "B" Identification

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

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Pilot Certificate(s) *(Check all that apply)*

None    Student    Recreational    Commercial    Flight Engineer    Foreign  
 Private    Flight Instructor    Sport    Airline Transport    U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>
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### Medical Certificate Limitations

### Medical Certificate Waivers

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <span style="margin-left: 100px;"><i>mm/dd/yyyy</i></span>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										



**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 time and point of departure, intended destination, and services obtained.

0800-Called Abilene Aero to have the aircraft pulled from the hangar and topped off with fuel.

0900-Arrived at Abilene Aero and checked the weather with NOAA (I had told Mr. Newman with the FAA that I had checked the FAA website for weather and found I was miss spoken). Weather at that time did not make me feel comfortable enough with my capabilities to takeoff so the flight delayed until 1100.

A preflight was accomplished revealing topped off fuel tanks and a need for 2 quarts of oil which was added.

1100-Takeoff VFR and climb to 3,000 and held with flight following due to weather. Approximately abeam Coleman Flight Following was terminated due to altitude.

1145-Climbed to 7,500 feet

1200-Abeam Mason-fuel check revealed just under 10 gal used.

1300-Abeam Pleasanton-fuel check revealed just under 20 gal used.

1400-Abeam Brooks Co-fuel check revealed approximately 28 gal used. This was my last no-go fuel check where if I would have had less than 17 gallons of fuel I would have made a stop. Breakdown-2 gal unusable//5 gal-required 30 min day/vfr//10 gal-1 hour flight time

22 nm Listened to Valley INTL ATIS and contacted Valley APP. With approximately 12 gallons of fuel left, 6 gallons in each tank.

17 nm from KPIL the left tank fuel pressure decreased with 2.5 gallons showing on the gauge prompting a switch to the right tank which showed 6 gallons remaining.

9 nm from the field and 1,000 feet the aircraft encountered brief moderate turbulence to which immediately afterwards the right tank level dropped to zero fuel in a 1 minute time span with a drop in fuel pressure. I started to switch from tank to tank trying to get all the fuel possible.

Approximately 2-3 nm from the field at 100 knots the airport appeared to be attainable but gusty winds revealed a landing short of the perimeter fence was a reality. A progression check down went from Runway, hitting the perimeter fence, highway with traffic, to a field on the right hand side of the aircraft. I

selected the field on the right as it offered the best promise for survivability. I thought I had pulled the flaps to 2 notches to clear some small trees but after climbing out after the crash revealed only 1 notch of flaps had been used.

The aircraft was landed in a field just north of the airfield sustaining substantial damage to the aircraft with minor injuries to the pilot and lone passenger.

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

Operator/Owner Safety Recommendation

A fuel flow gauge with a warning indication to alarm the pilot if the expected fuel flow exceeds a predetermined usage independent of fuel gauges.

I did not think shoulder straps were that important in small aircraft but after an off airport landing with the only injuries to myself and passenger being bumps and bruises to the head I find shoulder straps a necessity.

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

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

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

<b>Date of this Report</b> <u>07/08/2014</u> <i>mm/dd/yyyy</i>	<b>Signature and Name of Pilot/Operator</b> Signature: _____ Type or Print Name: <u>Bill Johnson</u>
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**Signature and Name of Person Filing Report if Other than Pilot/Operator**  
Signature: \_\_\_\_\_  
Type or Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

<b>NTSB Accident/Incident No.</b> CEN14CA303	<b>Reviewed by NTSB Regional Office</b> Denver, CO	<b>Name of Investigator</b> Edward Malinowski	<b>Date Report Received</b> 7/8/14
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