

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: Lafayette State: LA

ZIP: _____ Country: U.S.A

Latitude: _____ Longitude: _____

(Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time

Date: 05/23/2019 Local Time: 4:06 PM

mm/dd/yyyy

Time Zone: CENTRAL

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ None

AIRCRAFT INFORMATION

Registration Number: N2744Q

Manufacturer: CESSNA

Model: 18503528 C-185

Serial Number: 18503528

Year of Manufacture: 1978

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: NA

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

BEW = 1843.6

Maximum Gross Weight: 3350.0 lbs

Weight at Time of Accident/Incident: 2,400 ± lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 4

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 ☐ Unknown

Landing Gear

(Check all that apply)

☐ Retractable

☐ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☒ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None

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/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>CONTINENTAL</u>	<u>I0520 D 90B</u>	<u>293038-R</u>	<u>04/09/1994</u>	<u>300</u>	<u>3688.2</u>	<u>0.4</u>	<u>848.6</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
☐ AAIP ☐ Conditional Inspection
☒ Annual ☐ Unknown

Date Last Inspection: 10/18/2018

mm/dd/yyyy

Airframe Total Time: 3353.7 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: Halon Portable F.E.

Propeller 1

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: McCaughey

Model: D3A34-C403

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: MERL INC

Model or Part No.: _____

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

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: SARRY Lewis

City: _____

State: LA ZIP: _____Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: U.S.A**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

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: LafayetteDistance From Airport Center: 1/4 smAirport Identifier: K LFT

Direction From Airport: _____ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: 22L (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 ☐ 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 OVER - TAXI INCIDENT

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: <u>STACY</u> City of Residence: _____ Middle Initial: <u>L</u> State: _____ ZIP: _____ Last Name: <u>LEWIS</u> Country: _____ Age at time of Accident/Incident: <u>72</u> Date of Birth: _____ mm/dd/yyyy Certificate Number: _____											
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available: ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used: ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☒ Unknown				
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☒ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer											
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☒ Class 2 ☐ Unknown			Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☒ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>11/09/2018</u> mm/dd/yyyy			
Medical Certificate Limitations <u>MUST WEAR CORRECTIVE LENSES</u>											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>11/17/2018</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>CE 550</u>								
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		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 ☒ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport					
Type Ratings <u>CE 500 Jet</u> <u>FA 10 Jet</u>						Student Endorsements (Include dates)					
AT TIME											
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
Total Time		8,912	250 ±	3,000	5,912	3,000	3,000	200 ±	0	0	0
Pilot in Command (PIC)		8,900 ±	250 ±	3,000	5,900	3,000	3,000	200 ±	0	0	0
Time as Instructor		1,000 ±	-	0	1,000 ±	200	200	-	-	-	-
This Make/Model											
Last 90 Days		50	01		50	15	15	-	-	-	-
Last 30 Days		15 ±	0		15 ±	5	5	-	-	-	-
Last 24 Hours		0	0			-	-	-	-	-	-

Flight over

FLIGHT CREWMEMBER 2 INFORMATION																						
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																						
"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																						
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																						
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>		Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Available	Used																					
☐ None	☐ None																					
☐ Lap only	☐ Lap only																					
☐ 3-point	☐ 3-point																					
☐ 4-point	☐ 4-point																					
☐ 5-point	☐ 5-point																					
☐ Unknown	☐ Unknown																					
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer																						
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		Date of Last Medical _____ mm/dd/yyyy																
Medical Certificate Limitations																						
Medical Certificate Special Issuance																						
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																		
Airplane Rating(s) (Check all that apply) ☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		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 ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																
Type Ratings						Student Endorsements (Include dates)																
Flight Time (Enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air											
Total Time																						
Pilot in Command (PIC)																						
Time as Instructor																						
This Make/Model																						
Last 90 Days																						
Last 30 Days																						
Last 24 Hours																						

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

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

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

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Installed
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Installed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Not Deployed
			☐ 5-point	☐ 5-point	☐ Deployed
			☐ Unknown	☐ Unknown	☐ Unknown
					☐ If Under 5, ☐ Child Restraint
					☐ Lap-Held
					☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Installed
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Installed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Not Deployed
			☐ 5-point	☐ 5-point	☐ Deployed
			☐ Unknown	☐ Unknown	☐ Unknown
					☐ If Under 5, ☐ Child Restraint
					☐ Lap-Held
					☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Installed
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Installed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Not Deployed
			☐ 5-point	☐ 5-point	☐ Deployed
			☐ Unknown	☐ Unknown	☐ Unknown
					☐ If Under 5, ☐ Child Restraint
					☐ Lap-Held
					☐ Unknown
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ None	☐ None	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ Lap Only	☐ Lap Only	☐ Not Installed
	☐ Unknown	☐ Fatal	☐ 3-point	☐ 3-point	☐ Installed
☐ Crew ☐ Passenger ☐ Other	Row: _____	☐ Unknown	☐ 4-point	☐ 4-point	☐ Not Deployed
			☐ 5-point	☐ 5-point	☐ Deployed
			☐ Unknown	☐ Unknown	☐ Unknown
					☐ If Under 5, ☐ Child Restraint
					☐ Lap-Held
					☐ Unknown

NA. TAXI INCIDENT Lafayette

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>BTR</u> City: <u>BATON ROUGE</u> State: <u>LA</u> Country: <u>USA</u>		Time of Departure Time: _____ Time Zone: <u>C</u>		Destination Airport ID: <u>KLFT</u> City: <u>Lafayette</u> State: <u>LA</u> Country: <u>USA</u>
				Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No ☐ Unknown
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☒ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93				Altitude of In-Flight Occurrence: _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☒ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition ☒ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered Lowest Cloud Condition Height <u>NA</u> ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown Ceiling Height <u>NA</u> ft agl		Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg ? or _____ MB
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☐ Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		Restriction to Visibility (Check all that apply) ☒ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown	
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:				



DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- ☐ None
☒ Minor
☐ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

MINOR WING TIP

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.

See Attached Statement.

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

Operator/Owner Safety Recommendation

NONE - AIRCRAFT systems need ~~more~~ frequent use - Brakes
Trim etc See below

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.)

See attached statement
Soft Left Brake
over sensitive Right Brake
(Due to little use in past year)

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)

40

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

NA

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: NA

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____

ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

See Attached

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

Date of this Report 06/06/2019 mm/dd/yyyy	Name of Pilot/Operator [Redacted] Lewis
Signature: [Redacted]	
-- 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. CEN19LA108	Reviewed by NTSB Regional Office Central	Name of Investigator C. Liedler	Date Report Received 09/26/19
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Garry L. Lewis

([REDACTED] -previous)

Livingston, Louisiana 70754

[REDACTED] office, Cell [REDACTED]

Liedler Courtney <[REDACTED]> Air Safety Investigator
NTSB - Central Region Office - [REDACTED] Fax - [REDACTED]

Subject: NTSB Accident Form for Completion Re: CEN19LA108

Dear Ms Courtney

Sorry for the delayed response to you, I thought this attached had been already forwarded by my office to you. I had asked for a reconsideration from FAA, to characterize this more correctly as a ground incident, and your July email which I just opened answers that.

All of the information in this "attached" NTSB form has been previously provided to FAA, including all statements etc.

I understand you are with NTSB. Thanks for all the good work you folks do. You had indicated to me quite correctly *"The form is a bit lengthy but your thoroughness in completing will help us understand all we can about the airplane, the circumstances and your experience"* IN THAT LIGHT---So I can add for your NTSB purposes experience in additiona to what has been already forwarded to FAA...otherwise included in the attached form.

I have several thousand hours as set out in the form. Much of my early experience was military. And almost all initially in Jets. I was what is called a "fighter pilot". (My initial qualification in multi-engine propeller/transport type aircraft was in borrowing the ship's mail aircraft and flying it for that experience.) I have several hundred Navy aircraft carrier landings, night and day on several ships. I have flown the Navys front line Fighter aircraft, the F-4 Phantom, (my favorite) and when the new aircraft came out called the "Tom-Cat" of Top Gun movie fame, I was one of the first fighter pilots to fly that aircraft. We pretty much took the aircraft systems manual and learned its systems, and just flew it---- there was no aviator flight instruction, it is a single pilot aircraft. It was a fine aircraft. So also is the Navy A-4 Sky Hawk in which Senator McCain was shot down, and I have time in that one also. A very simply honest aircraft with no quirks.

I was designated early in my career as a distinguished Naval Aviator, I also had the opportunity to teach Navy students to fly jets, giving instruction in ship landings, taking students to the ship for their first landings etc. My experience as a flight instructor also included aerobatics in jets, demonstrating spinning jet aircraft, formation flying, and radio instruments in addition to teaching aircraft carrier landings. In the training environment I was assigned as the IUT officer, which means I was in charge of teaching the training techniques to other new instructors, and requalifying them annually by check flights. I was also a designated squadron maintenance test pilot. After 8 years I returned to civilian life but continued to serve another 18 years as a reservist in the Naval Reserves. I was requested to come back on active duty to fly the F-18 Hornet but declined due to civilian commitments.

I own three jet aircraft, a citation 550, a citation 501, and a Falcon 100. Most of my flying is in these aircraft. I also own several (propeller) aircraft that seldom get to fly. I have also owned and operated a King Air 200. You may not know this, but that (not flying it) is the worst thing to do to an aircraft. One such aircraft I now own is a Baron twin propeller, and also this Cessna 185, subject aircraft. It is called a tail dragger, and its directional

control is very sensitive on the ground, (Flies like any other aircraft in the air---but it only has two main wheels and the rear tail just swings as it desires depending on the braking of one of the front wheels. This aircraft had not been flying---my oldest son in getting into aviation and I wanted these aircraft updated on maintenance for his potential use. This aircraft on first getting in the air months ago, lost its fuel pump---was replaced. Then its trim system had become rusted, and stopped working on an intermediate flight. This third flight followed that repair. I was not the pilot in command on the airplane because of a temporary medical limitation. In fact the pilot flying even did all the aircraft taxi, or I may have noted a minor brake issue before take off that resulted solely from limited use. I did not touch the controls until landing when he appeared to need assistance. I then took the airplane, it landed normally, great smooth normal touchdown. (this does make me the pilot in command for the taxi) And this incident occurred as part of the taxi, when leaving the runway, I believe it was taxiway Lima. At that point when firmly applying the brakes and turn--- one brake--- the right-- grabbed swinging the tail hard left (to slow and turn at the same time---both brakes must be applied). After the incident, which inertia rocked the aircraft left and touching its left wing to runway, The aircraft would have been flyable but the decision was made to hangar it and repair it. If you have been around tail aircraft you would know this risk in these tail draggers.' Great dirt field aircraft however. Had I been flying the aircraft that day I would have been familiar with the slightly dragging brakes from the aircraft sitting, minimal operations, and the incident would not have occurred. I would have been aware of the occasional dragging brakes. This was the point I had wished to make with the FAA on requesting a reconsideration on the identification of this incident---because it was not a flying incident.

Would you kindly communicate any additional needed information with Helene Brown, my secretary. This email [REDACTED] is my wife's email. I rely primarily on Helene for information. She will be contacting you on her office phone. [REDACTED] her email is [REDACTED]

Kindest regards

Garry Lew

and the left Fader