

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: WALLER State: TX

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 01/26/2021 Local Time: 3:30 PM

mm/dd/yyyy

Time Zone: CENTRAL STD.

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N444PZ

Manufacturer: GEORGE PINNEO

Model: 601HDS

Serial Number: 63125

Year of Manufacture: 1995

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1200 lbs

Weight at Time of Accident/Incident: 878 lbs

Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

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

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☒ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)

Retractable

☒ Tricycle

Tailwheel

Amphibian

High Skid

Emergency Float

Skid

Float

Ski

Hull

Ski/Wheel

Other Launch/Recovery System

None

Unknown

Engine Type (Select one)

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

Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>ROTAX</u>	<u>912 UL</u>	<u>4400997</u>	<u>UNK.</u>	<u>80 HP</u>	<u>513</u>		<u>N/A</u>
Eng. 2	<u>(Bombardier)</u>							
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/20/2020

mm/dd/yyyy

Airframe Total Time: 626 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: Portable

Propeller 1

- ☒ Fixed Pitch
- ☐ Controllable Pitch
- ☒ Ground Adjustable

Manufacturer: Sensenich

Model: N/A - 2-blade

Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes No

If Yes:

ELT Manufacturer: Ameriking

Model or Part No.: AK-450

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: UNKNOWN

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: Robert FRESHCORNCity: WALLERState: TX ZIP: 77484Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: MICHAEL SINGLETON

Same Address as Registered Owner

City: MEADOW PLACE

Doing Business As: _____

State: TX ZIP: 77477

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

Country: USA**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 FlightYes ☐ 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: SKYDIVE HOUSTONDistance From Airport Center: ~ 2300 SM FT.Airport Identifier: 37XADirection From Airport: NW degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A
~ 200'Airport Elevation: 235 ft. msl**Runway Information**Runway ID: 35 (L/R/C) Length: 4190 ft Width: 50 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	
VOR/DME	Localizer Only	Visual	
TACAN	LOC-back course	Contact	
	RNAV	Circling	
		Unknown	

VFR Approach (Check all that apply)

None	
Traffic Pattern	Stop and Go
Straight-In	Touch and Go
Valley/Terrain Following	Simulated Forced Landing
Go Around	Forced Landing
Full Stop	Precautionary Landing
	Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: MICHAEL

City of Residence: MEADOWS PLACE

Middle Initial: W

State: TX

ZIP: 77477

Last Name: SINGLETON

Country: USA

Age at time of Accident/Incident: 72 Date of Birth: [REDACTED]

Certificate Number: [REDACTED]

Degree of Injury

None Fatal
Minor Unknown
☒ Serious

Seat Occupied

☒ Left Front Unknown
Right Rear
Center Single

Restraint Type

Available	Used
None	None
Lap only	Lap only
3-point	3-point
4-point	4-point
5-point	5-point
Unknown	Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (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:

08/11/2018
mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA
Model: 172

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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	1502	Ø	1500	2.1	70	1.7	6.7			
Pilot in Command (PIC)	1406	Ø	1406							
Time as Instructor										
This Make/Model										
Last 90 Days	9.2	Ø	9.2	Ø						
Last 30 Days	1.7	Ø	1.7	Ø						
Last 24 Hours	Ø	Ø	Ø	Ø						

"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 style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">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) <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
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		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left	Front	None
Middle Initial: _____		State: _____ ZIP: _____		Center	Rear	Minor
Last Name: _____		Country: _____		Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None		Flight Instructor		Available		
Private		Recreational		Used		
Student		Sport		None		
		Commercial		None		
		Airline Transport		Lap Only		
		Flight Engineer		Lap Only		
				3-point		Not Installed
				3-point		Installed
				4-point		Not Deployed
				4-point		Deployed
				5-point		Unknown
				Unknown		Unknown
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		
Private		Recreational		Used		
Student		Sport		None		
		Commercial		None		
		Airline Transport		Lap Only		
		Flight Engineer		Lap Only		
				3-point		Not Installed
				3-point		Installed
				4-point		Not Deployed
				4-point		Deployed
				5-point		Unknown
				Unknown		Unknown
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 Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City : _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City : _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						
First Name: _____ City : _____	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____						
Last Name: _____ Country: _____						
Crew Passenger Other						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>37XA</u> City: <u>WALLER</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>3:30 PM</u> Time Zone: <u>CENTRAL STD.</u>	Destination Airport ID: <u>LOCAL SAME</u> City: _____ State: _____ Country: _____	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 VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class G Military Operations Area (MOA) Class B Demo Area Airport Advisory Area Class C Warning Area Jet Training Area Class D Prohibited Area TRSA Class E Restricted Area FAR 93				Altitude of In-Flight Occurrence: <u>~ 200</u> ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Choose all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet ☒ None Unknown	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	Ceiling ☒ None (Clear) Obscured ☐ Broken Indefinite ☐ Overcast Unknown Ceiling Height _____ ft agl
Lowest Cloud Condition Height _____ ft agl	Temperature: _____ (C) or <u>~ 65</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB <u>SET TO FIELD ALT.</u>

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>~ 10</u> 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 Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
---	--	--

Icing Forecast Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Icing Actual Amount Type ☒ None N/A Trace Rime Light Clear Moderate Mixed Severe Unknown Unknown	Turbulence Type (Check all that apply) Severity ☒ None Light Clear Air Moderate Terrain-Induced Severe Convective Turbulence Extreme
--	--	--

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None ☒ Substantial
Minor Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

MAJOR DAMAGE TO WINGS, FUSELAGE.

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

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

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No UNKNOWN

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

ENGINE STOPPAGE AFTER TAKEOFFTotal Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

10.5

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

☒ Automotive

Other, specify _____

92 OCT., NON-ETHANOL

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

PILOT PHYSICALLY REMOVED BY BYSTANDER.**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

02/04/2021

mm/dd/yyyy

Name of Pilot/Operator: MICHAEL SINGLETON

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.

CEN21LA117

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

T. Sorensen

Date Report Received

08 February 2021