

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: White Water Lake State: WI
 ZIP: 53190 Country: USA
 Latitude: 42.7871001 Longitude: -89.6826310
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 05/15/2021 Local Time: 9:10 pm
 Time Zone: Central

Collision with Other Aircraft: Midair ☐ On-ground ☒

AIRCRAFT INFORMATION

Registration Number: N4144B

Manufacturer: Cessna

Model: SR22

Serial Number: 0131

Year of Manufacture: 2001

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

☒ IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 3400 lbs.
 Weight at Time of Accident/Incident: 3138.1 lbs.

Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

☒ Aerobically
☐ Balloon
☐ Blimp/Daiglight
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard ☐ Special ☐
 Normal ☐ Restricted ☐
 Aerobically ☐ Limited ☐
 Balloon ☐ Provisional ☐
 Commuter ☐ Special Flight ☐
 Transport ☐ Experimental ☐
☒ Special Light-Sport ☐
☐ Experimental Light-Sport

Certificate of Authorization or Waiver (COA)
 None ☐ Unknown ☐

Landing Gear

(Check all that apply)

Retractable ☒ Fixed ☐
 Tricycle ☒ Tailwheel ☐
 Amphibious ☐ High Skid ☐
 Emergency Float ☐ Skid ☐
 Float ☐ Ski ☐
 Hull ☐ Ski/Wheel ☐
 Other Launch/Recovery System ☐

Engine Type *(Select one)*

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

Fuel System Type *(Reciprocating)*

Carburetor ☐ Fuel Injected ☒

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>(or delivery)</i>	Rated Power <i>(Horsepower or lbs of Thrust)</i>	Total Time <i>(hours)</i>	Time Since Inspection <i>(hours)</i>	Time Since Overhaul <i>(hours)</i>
Eng 1	<u>Continental</u>	<u>TD550N413</u>	<u>7007630</u>	<u>12/1/02</u>	<u>310</u>	<u>3937.6</u>		
Eng 2						<u>1635.4</u>		
Eng 3								
Eng 4								

Last Inspection Type

100-hour ☐ Continuous Airworthiness
 AAIIP ☐ Conditional Inspection
 Annual ☒ Unknown ☐

Date Last Inspection: 12/10/2020

Airframe Total Time: 3937.6 hrs

hours remaining 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: Hand Held Unit

Description of Fire Extinguishing System

None ☐ Specify: Hand Held Unit

Propeller 1

Fixed Pitch ☐

☒ Controllable Pitch

Ground Adjustable ☐

Manufacturer: Hartzell

Model: PHC-330-14F/F7674

ELT Installed: ☒ Yes ☐ No

If Yes: ELT Manufacturer: ARTEX 345

Model or Part No.: A3-06-2880

TSO No.: C91 (21.5 MHz) C91a (21.5 MHz)

C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated: Did ELT Aid in Locating Aircraft? ☒ Yes ☐ No

If not activated: Indicate Reason: Impact Damage

Fire Damage

Battery Expired/Damaged

Unknown

Propeller 2

Fixed Pitch ☐

☒ Controllable Pitch

Ground Adjustable ☐

Manufacturer: Continental

Model: 330-14F/F7674

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 ☒

Seat Warning System ☒

Video Recording Device ☒

Other, specify: None

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Clardy & Brian Dashed TrusteesCity: BurlingtonState: WI ZIP: 53105Fractional Ownership Aircraft: Yes ☒Country: USA

Operator of Aircraft

Owner As Registered OwnerSame 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)

Remotely Piloted Aircraft (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commuter Air Taxi (FAR 135)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization to 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 421

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 Time

Air Race/Show Instructional

Banner Towing Other Work Use

Business Personal

Executive/Corporate Positioning

External Load Skydiving

Tow

Revenue Sightseeing Flight

Yes ☒

Air Medical Flight

Yes ☒**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 2 miles of an airport)

Airport Name: _____

Distance From Airport Center: _____ mi

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airside On Airport/Runway N/A

Airport Elevation: _____ ft. and

Runway Information

Runway ID: _____ Length: _____ ft. Width: _____ ft.

Condition of Runway/Landing Surface (Check all that apply)

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water

Concrete Gravel Metal/Wood

Dirt Ice Snow Unknown

Dry Snow-Compacted Water-Calm

Holes Snow-Crusted Water-Choppy

Ice Covered Snow-Dry Water-Glassy

Rough Snow-Wet Wet

Buffer Deposits Soft

Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

Taxi VFR Departure On Instrument Approach

Takeoff VFR Departure Procedure/Clearance Landing

Initial Climb

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

Unknown

IFR Approach (Check all that apply)

None

ADENDI PAB MLS Precision

SDF Soleing L2A GPS

VOR/TVOB ILS ANS

VOR/DME Locator 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

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Brian Gustaf City of Residence: Burlington
 Middle Initial: A State: VT ZIP: 53105
 Last Name: Gustaf Country: USA
 Age at time of Accident/Incident: 50 Date of Birth: 1/19/70 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury None ☒ Fatal ☐ Minor ☐ Unknown ☐ Serious ☐		Seat Occupied Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐		Restraint Type Available ☐ Used ☐ Lap only ☐ 1 up only ☐ 3-point ☐ 3-point ☐ 5-point ☐ 4-point ☐ Unknown ☐ 5-point ☐ Unknown ☐ Unknown ☐		Inflatable Restraints ☒ Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐
Pilot Certificate(s) (Check all that apply) None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airmen Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer ☐						
Principal Occupation Pilot ☒ Other ☐ Unknown ☐		Medical Certificate None ☐ Class 1 ☐ Class 2 ☐ Class 3 ☒ Driver's License (Sport Pilot only) ☐ Unknown ☐		Medical Certificate Validity Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance ☐		Date of Last Medical <u>02/01/2021</u> mm/dd/yyyy

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, including FAR 121/135 Checker: 01/23/2020 mm/dd/yyyy

Flight Review Aircraft

Model: C-441
 Model: SR-22

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 ☐ Single-Engine ☒ Multiengine ☐ 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 ☐
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Type Ratings

HP

Student Endorsements (Include date)

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	Simulator			
Total Time		<u>588.7</u>	<u>210.1</u>	<u>588.7</u>	<u>0</u>	<u>59.2</u>	<u>10.1</u>	<u>57.2</u>		
Pilot in Command (PIC)		<u>491.1</u>	<u>210.1</u>	<u>491.7</u>	<u>—</u>	<u>50.2</u>	<u>10.1</u>	<u>57.2</u>		
Time as Instructor		<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>		
This Make/Model						<u>239</u>	<u>10.1</u>	<u>57.2</u>		
Last 90 Days		<u>15.8</u>	<u>15.8</u>	<u>15.8</u>	<u>—</u>	<u>2.9</u>	<u>1.0</u>			
Last 30 Days		<u>9.5</u>	<u>9.5</u>	<u>9.5</u>	<u>—</u>	<u>2.1</u>	<u>1.0</u>			
Last 24 Hours		<u>1.3</u>	<u>1.3</u>	<u>1.3</u>	<u>—</u>	<u>.6</u>	<u>—</u>			

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) <i>(Check all that apply)</i>				Restraint Type:		Inflatable	
None		Flight Instructor		Available	Used	Restraints	
Private		Commercial		None	None	Not Installed	
Student		Aircraft Transport		Lap Only	Lap Only	Installed	
		Flight Engineer		3-point	3-point	Not Deployed	
				4-point	4-point	Deployed	
				5-point	5-point	Unknown	
				Unknown	Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs				
Yes No							

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	
None		Flight Instructor		Commercial	US Military	Available	Used	Restraints
Private		Recreational		Airline Transport	Foreign	None	None	Not Installed
Student		Sport		Flight Engineer		Lap Only	Lap Only	Installed
						3-point	3-point	Not Deployed
						4-point	4-point	Deployed
						5-point	5-point	Unknown
						Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident:				
Yes		No		hrs				

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

Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Anthony</u>	City: <u>East Troy</u>	Left Center Minor Serious Fatal Unknown Row: _____		Available	Used	 Not Installed  Installed  Not Deployed  Deployed  Unknown	<u>29</u> Under 5 years Child Restraint Lap-Field Unknown	
Middle Initial: _____	State: <u>WI</u>			ZIP: <u>53120</u>	None			None
Last Name: <u>Duane</u>	Country: <u>USA</u>			None	Lap Only			Lap Only
Crew: 	Other: _____			3-point	3-point			
First Name: <u>Jordan</u>	City: <u>Watertown</u>	Left Center Minor Serious Fatal Unknown Row: <u>2</u>		Available	Used	 Not Installed  Installed  Not Deployed  Deployed  Unknown	<u>22</u> Under 5 years Child Restraint Lap-Field Unknown	
Middle Initial: _____	State: <u>WI</u>			ZIP: <u>53185</u>	None			None
Last Name: <u>DANEWSKI</u>	Country: <u>USA</u>			None	Lap Only			Lap Only
Crew: 	Other: _____			3-point	3-point			
First Name: _____	City: _____	Left Center Minor Serious Fatal Unknown Row: _____		Available	Used	 Not Installed  Installed  Not Deployed  Deployed  Unknown	Under 5 years Child Restraint Lap-Field Unknown	
Middle Initial: _____	State: _____			ZIP: _____	None			None
Last Name: _____	Country: _____			None	Lap Only			Lap Only
Crew: _____	Passenger: _____			4-point	4-point			
First Name: _____	City: _____	Left Center Minor Serious Fatal Unknown Row: _____		Available	Used	 Not Installed  Installed  Not Deployed  Deployed  Unknown	Under 5 years Child Restraint Lap-Field Unknown	
Middle Initial: _____	State: _____			ZIP: _____	None			None
Last Name: _____	Country: _____			None	Lap Only			Lap Only
Crew: _____	Passenger: _____			5-point	5-point			

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSEA</u> City: <u>Seattle/Tacoma</u> State: <u>WA</u> Country: <u>USA</u>	Time of Departure Time: <u>8:10 pm</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>KBJJ</u> City: <u>Burlington</u> State: <u>VT</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR ☒ Company VFR ☒ Unknown ☐ Military VFR ☐ VFR ☐ Activated? ☒ Yes ☐ No ☐ Unknown
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Type of A/C Clearance/Service (Check all that apply) None ☐ VFR ☒ Special VFR ☐	Special IFR ☐ VFR On Top ☐	VFR Flight Following ☐ Traffic Advisory ☐	Cruise ☐ Unknown / NA ☐
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Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Class D ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class E ☐ Prohibited Area ☐ TRSA ☐ Restricted Area ☐ EAA ☐	Altitude of In-Flight Occurrence: _____ ft msl
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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 (CWA) ☐ Unknown ☐ On-Board Weather ☐	Weather Observation Facility Facility ID: <u>STC</u> Observation Time: <u>8:50 pm</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>105</u> degrees true
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Basic Conditions VMC ☒ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Day ☒ Night ☐ Dusk/Night ☐ Bright Night ☐ Unknown ☐
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Sky/Lowest Cloud Condition Clear ☐ Thin Broken ☐ Few ☐ With Overcast ☒ Partial Obscuration ☐ Unknown ☐ Scattered ☐	Cloud Ceiling None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Lowermost ☐ Unknown ☐	Temperature: <u>11</u> (C) or _____ (F) Dew Point: <u>9</u> (C) or _____ (F) Altimeter Setting: <u>30.14</u> in Hg or _____ mmHg
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Lowest Cloud Condition Height <u>1500</u> ft agl	Ceiling Height <u>1500</u> ft agl
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Wind Direction Variable ☐ <u>300</u> Direction: <u>200</u> degrees true	Wind Speed Calm ☐ Light ☐ Variable ☐ Speed: <u>5</u> kts	Wind Gusts <u>Not Observed</u> Speed: _____ kts	Visibility <u>10</u> miles RVR _____ feet RVV _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light ☒ Moderate ☐ Heavy ☐ N/A ☐ Unknown ☐	Type of Precipitation (Check all that apply) None ☐ Drizzle ☒ Freezing Rain ☐ Snow ☐ Ice Pellets ☐ Snow Shower ☐ Hail ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Rain Showers ☐ Snow Grains ☐ Freezing Drizzle ☐ 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 ☐
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Icing Forecast Amount: <u>None</u> Type: N/A Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Icing Actual Amount: <u>None</u> Type: N/A Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Turbulence Type (Check all that apply) <u>None</u> Clear Air ☐ Light ☐ Terrain-Induced ☐ Moderate ☐ Convective Turbulence ☐ Severe ☐ Extreme ☐
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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 ☒ Light/Medium
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)

Chute Pull. About 2' of leading Edge Damage, fuselage Damage. Elevator damage. Pilot Dive missing at Time of Chute Pull. One propeller was Bent. Was not Turning at time of Strike.

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.

We departed Ksbm on an IFR flight plan. On the climb out ATC informed me I wasn't on the heading i was supposed to be, the aircraft said I was on the correct heading. I immediately turned the AP off and hand flew the plane to the proper alt. And heading. Then turned on the AP on nav gpss mode and the plane flew us to the IAF. I turned the ap off again as I over shot the IAF waiting on a vector from atc. I couldn't recapture the Rnav 11 in, so I asked for vectors back around. I was given a 360 heading, then 270, then 090 but was still inside the IAF. My Attitude indicator was showing turns to the right but my turn coordinator was showing left ? I saw on the 430 that I had made a left turn and was tracking as asked by atc. When I asked for vectors back around agin I also informed atc that I was having instrument problems. Then I lost comms with atc, I received a request from a local helicopter to tune to 126.5, and switched. When we connected he asked my intentions and I asked for vectors back to IAF and to get lower. He informed me he could get me to 2500'. I was at this point flying in circles near the hold pattern and lost contact with atc again. After 10 minutes of chasing the approach I was losing confidence in the chances of making the approach happen. I saw I was at 3k' and 153knots so pulled the power out, pulled back on the yoke til my AOA alerted then pulled the chute at around 60 knots.

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

Operator/Owner Safety Recommendation

Possibly more help from ATC. Lost Comms 2 Times.
 Change the way I train for Port/Cat Panel. I'd do
 some work so that the Messed up Instrument Unit
 Be Closed off with a post it note. It can be short
 down or give incorrect readings and can recognize
 what's happening. A back up Attitude Indicator
 May have helped as well.

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

Was there Mechanical Malfunction/Failure? Yes No

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

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

32

Gallons

Fuel Type

JET

Low Lead

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

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

3- Repelled from Tree Top out of Missing Pilot Door.

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

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.

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

Date of this Report <u>06/01/2021</u> mm/dd/yyyy	Name of Pilot/Owner <u>Brian A. Onsted</u> Signature: <u>[Redacted]</u> -- or -- Check here to electronically sign this document
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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. CEN21LA232	Reviewed by NTSB Regional Office CENTRAL	Name of Investigator WILLIAMS	Date Report Received 6/7/2021
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