

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: VANCE BRAND, LONGMONT State: CO

ZIP: 80503 Country: U.S.

Latitude: 0'05"N Longitude: 105°09'25"W

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

Accident/Incident Date/Time

Date: 07/18/2021 Local Time: ≈ 8:50AM
mm/dd/yyyy

Time Zone: MOUNTAIN

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N18AR

Manufacturer: BEECH

Model: 35-C33

Serial Number: CD 959

Year of Manufacture: 1965

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

IFR-Equipped and Certified ☒
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 3050 lbs

Weight at Time of Accident/Incident: 2783 lbs

Number of Seats: 4 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

(Airplane)
Balloons
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

Normal
Aerobatic
Balloons
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)

Turbo Shaft Liquid Rocket
Turbo Prop Solid Rocket
Turbo Jet Hybrid Rocket
Turbo Fan None
Electric Unknown

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	CONTINENTAL	IO-470N	95353-1-N	08/1984	260HP	2942.4	1292.4	1292.4
Eng. 2							58.0	
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
(Annual) Unknown

Date Last Inspection: 10/30/2020
mm/dd/yyyy

Airframe Total Time: 7339 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: _____

Propeller 1

Fixed Pitch
(Controllable Pitch)
Ground Adjustable

Manufacturer: MCCAULEY

Model: 2A36C23-PEG/S-84B-0

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

ELT Installed: (Yes) No

If Yes:

ELT Manufacturer: UNKNOWN

Model or Part No.: UNKNOWN

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: JOSEPH E. D'SOUZACity: DAYTON, OHState: IA ZIP: 52803Fractional Ownership Aircraft: Yes ☐ No ☒Country: U.S.**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 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: VANCE BRAND MUNICIPAL AIRPORTDistance From Airport Center: <1 smAirport Identifier: KLMODirection From Airport: WNW (290°) degrees true?Proximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 5,092 ft. msl**Runway Information**Runway ID: 290 (L/R/C) Length: 4799 ft Width: 75 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

Holes

Ice Covered

Rough

Rubber Deposits

Slush-Covered

Snow-Compacted

Snow-Crusted

Snow-Dry

Snow-Wet

Soft

Vegetation

Water-Calm

Water-Choppy

Water-Glassy

Wet

☒ Unknown**Approach/Departure Segment** (Select one)

Taxi

Takeoff

☒ Initial Climb

VFR Departure

IFR Departure Procedure/Clearance

On Instrument Approach

Landing

Downwind

Base

Final

Crosswind

Low Approach

Go Around

Aborted Landing (after touchdown)

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

Straight-In

Valley/Terrain Following

Go Around

Full Stop

Stop and Go

Touch and Go

Simulated Forced Landing

Forced Landing

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: _____					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		Seat Occupied			Restraint Type			Inflatable Restraints			
None	Fatal	Left	Front	Unknown	Available	Used					
Minor	Unknown	Right	Rear		None	None					
Serious		Center	Single		Lap only	Lap only					
Pilot Certificate(s) <i>(Check all that apply)</i>					3-point	3-point					
					4-point	4-point					
					5-point	5-point					
					Unknown	Unknown					
None		Flight Instructor		Commercial		US Military					
Private		Recreational		Airline Transport		Foreign					
Student		Sport		Flight Engineer							
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot		None	Class 3		Without limitations/waivers		Unknown		mm/dd/yyyy		
Other		Class 1	Driver's License (Sport Pilot only)		With limitations/waivers		N/A				
Unknown		Class 2	Unknown		Special Issuance						
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____					Flight Review Aircraft						
mm/dd/yyyy					Make: _____						
					Model: _____						
Airplane Rating(s) <i>(Check all that apply)</i>		Other Aircraft Rating(s) <i>(Check all that apply)</i>		Instrument Rating(s) <i>(Check all that apply)</i>		Instructor Rating(s) <i>(Check all that apply)</i>					
None		None		None		None			Instrument Airplane		
Single-Engine Land		Airship		Airplane		Airplane Single-Engine			Instrument Helicopter		
Single-Engine Sea		Balloon		Helicopter		Airplane Multi-Engine			Helicopter		
Multiengine Land		Glider		Powered Lift		Gyroplane			Glider		
Multiengine Sea		Gyroplane				Powered Lift			Sport		
Type Ratings					Student Endorsements <i>(Include dates)</i>						
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											

"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="1"><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
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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
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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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					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		
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point

Airport ID: KLMO
City: LONGMONT
State: CO.
Country: BORDER CO. U.S.

Time of Departure

Time: ~ 8:40 am
Time Zone: MOUNTAIN

Destination

Airport ID: KRDK
City: RED OAK
State: IA
Country: U.S.

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 ☐ Altitude of In-Flight
Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Occurrence:
Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ _____ ft msl
Class D ☐ Prohibited Area ☐ TRSA ☐
Class E ☐ Restricted Area ☐ FAR 93 ☐

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 ☐

Ceiling

None (Clear) ☒ Obscured ☐
Broken ☐ Indefinite ☐
Overcast ☐ Unknown ☐

Temperature: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
or _____ MB

Lowest Cloud Condition Height

_____ ft agl

Ceiling Height

_____ ft agl

DO NOT RECALL

Wind Direction

Variable ☐

Wind Speed

Calm ☒
Light and Variable ☐

Wind Gusts

Not Gusting ☐

Visibility

_____ miles

RVR: _____ feet

RVV: _____ miles

Direction: _____ degrees true

Speed: _____ kts

Speed: _____ kts

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
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

TO BE DETERMINED BY INSURANCE Co:

1. WARREN

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.

One passenger, Mary Regan, and I were departing Vance Brand airport in Longmont CO around 8:40am, 18th July 2021.

- What led up to or caused the incident

I filed an IFR flight plan to KRDk and checked the prevailing weather again. Run up was normal and I paid special attention to leaning per high-density altitude take off procedures. At the Stop and Hold Short line, I noted a sign requesting a right turn be made after reaching 500 ft AGL. After rotating, the plane at 85 mph, it began to climb but the speed and climb rate did not look normal.. There was a house in my departure course. I committed to landing the plane and decided to retract the gear as I was unsure of the terrain below. I was also concerned about the house ahead, so I made a right turn. We belly slid to a stop away from the house.

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
(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 INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

70

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

NONE

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

MY PASSENGER AND WERE ABLE TO EXIT THE AIRCRAFT
ON OUR OWN**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
SubstantialMinor
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

07/31/21
mm/dd/yyyy

Name of Pilot/Operator: JOSEPH E.D. SOUZA

Signature: _____

— 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.

CEN21LA325

Reviewed by NTSB Regional Office

Central Region

Name of Investigator

T. Sorensen

Date Report Received

01 August 2021