

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: El Paso State: TX

ZIP: 79925 Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 9/28/2021 Local Time: 3:00 pm
mm/dd/yyyy

Time Zone: Mountain

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N 4614K

Manufacturer: Cessna

Model: P-210N

Serial Number: P21000237

Year of Manufacture: 1979

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 6 Flight Crew Seats: 2

Cabin Crew Seats: _____ 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

Unknown

Engine Type (Select one)

Reciprocating
Turbo Shaft
Turbo Prop
Turbo Jet
Turbo Fan
Electric

Liquid Rocket
Solid Rocket
Hybrid Rocket
None
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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: _____
mm/dd/yyyy

Airframe Total Time: _____ 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: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: _____

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

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: _____

Model: _____

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: _____

City: _____

Fractional Ownership Aircraft: Yes No

State: _____ ZIP: _____

Country: _____

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: El Paso InternationalAirport Identifier: KELPProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: 3962 ft. msl**Runway Information**Runway ID: 26L (L/R/C) Length: 9025 ft Width: 150 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	<u>Landing</u>	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
<u>Go Around</u>	Forced Landing
<u>Full Stop</u>	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: Mark

City of Residence: El Paso

Middle Initial: A

State: TX

ZIP: 79905

Last Name: Luna

Country: USA

Age at time of Accident/Incident: 36 Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

None
Minor
Serious

Fatal
Unknown

Seat Occupied

Left
Right
Center

Front
Rear
Single

Unknown

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
Private
Student

Flight Instructor
Recreational
Sport

Commercial
Airline Transport
Flight Engineer

US Military
Foreign

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
With limitations/waivers
Special Issuance

Unknown
N/A

Date of Last Medical

9/16/2021
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review
or Equivalent, Including
FAR 121/135 Checks: 2/1/2020

mm/dd/yyyy

Flight Review Aircraft

Make: McDonnell Douglas Fairchild

Model: SA227 (Metroliner)

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

SA227-SIC

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	950	25	475	475	55	30		/	/	/
Pilot in Command (PIC)	750	25	400	455	50	28				
Time as Instructor	/	/	/	/	/					
This Make/Model										
Last 90 Days	37	0	0	37	2	0	0			
Last 30 Days	30	0	5	25	/	/	/	/	/	/
Last 24 Hours	0	0	0	0						

At Time of Accident 5

"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 InjuryNone 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 RestraintsNot 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:**

mm/dd/yyyy

Flight Review AircraftMake: _____
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 LiftInstrument 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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____				Left Center Right	Front Rear 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 Center Right	Front Rear 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 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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	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

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KDNA</u> City: <u>Santa Teresa</u> State: <u>New Mexico</u> Country: <u>USA</u>	Time of Departure Time: <u>2:30 pm</u> Time Zone: <u>Mountain</u>	Destination Airport ID: <u>KELP</u> City: <u>El Paso</u> State: <u>Texas</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR VFR/IFR ☐ IFR ☐ Unknown Activated? Yes No Unknown
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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 B ☒ Class C ☐ Class D ☐ Class E Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 Special ☐ Air Traffic Control Area ☐ Unknown 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 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
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Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition ☒ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown
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Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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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
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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
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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
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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

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)

Right Wing
Right Horizontal Stabilizer
Belly
Runway Mile Marker Sign

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.

I Was taking this plane from DNA to MMCS but had to Stop In KLP to pick up my passport.

The flight was uneventful till landing. I put my ~~gear~~ gear down on my base leg, had one Green light, then when I landed it seemed like a normal landing.

I ~~landed~~ touched down and rolled out for about 3 or 4 seconds when I noticed the plane wanting to turn to the right. I applied left rudder to correct but as I got slower I eventually lost rudder and the plane turned hard right off the taxiway.

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)1/2 tanks

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

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

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

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

1/3/2021
mm/dd/yyyy

Name of Pilot/Operator:

Mark Luna

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.
CEN21LA460

Reviewed by NTSB Regional Office
Central

Name of Investigator
Folkerts

Date Report Received
1/5/2022