

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: <u>KAPA CENTENNIAL AIRPORT</u> State: <u>CO</u> ZIP: <u>80112</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>03/08/2022</u> Local Time: <u>2:20 pm</u> <i>mm/dd/yyyy</i> Time Zone: <u>MT</u>	
Collision with Other Aircraft:		Midair	On-ground
None		None	

Registration Number:	N 210 GE	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft
Manufacturer:	Cessna	
Model:	P210	
Serial Number:	P21000655	
Year of Manufacture:	1981	
Amateur-Built:	Yes No	
If Yes:	Kit/Plans Make: Original Design	
		Maximum Gross Weight: _____ lbs
		Weight at Time of Accident/Incident: _____ lbs
		Number of Seats: _____ Flight Crew Seats: _____
		Cabin Crew Seats: _____ Passenger Seats: _____
		Number of Engines: _____

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)		Landing Gear (Check all that apply)	Engine Type (Select one)
Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Standard Normal Aerobatic Balloon Commuter Transport Utility	Special Restricted Limited Provisional Special Flight Experimental Special Light-Sport Experimental Light-Sport	Retractable Tricycle Amphibian Emergency Float Float Hull Other Launch/Recovery System None	Tailwheel High Skid Skid Ski Ski/Wheel Unknown
	Certificate of Authorization or Waiver (COA) None	Unknown		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. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	RAM		178042-7102	6/24/14				
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	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)	
Type of Maintenance Program (Select one) <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	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	
Description of Fire Extinguishing System None Specify: hand held spray	Additional Equipment (Check all that apply) ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder <u>Electronic Flight Bag or Handheld Device</u> <u>Electronic Multifunction Display</u> <u>Electronic Primary Flight Display</u> Handheld GPS Heads Up Display <u>Onboard Weather</u> <u>Satellite Tracking Device</u> <u>Stall Warning System</u> Video Recording Device Other, Specify: _____	

Registered Aircraft Owner		City: <u>EVERGREEN</u>	
Name: <u>KEITH LEIMBAUM</u>		State: <u>CO</u> ZIP: <u>80439</u>	
Fractional Ownership Aircraft: Yes <u>No</u>		Country: <u>USA</u>	
Operator of Aircraft		Same Address as Registered Owner	
Name: <u>EA</u>		City: _____	
Doing Business As: _____		State: _____ ZIP: _____	
Air Carrier/Operator Designator (4 Character Code): _____			
Operating Certificates Held (Check all that apply)		Regulation Flight Conducted Under	
None		FAR 91 FAR 129 FAR 415	
Flag Carrier Operating Certificate (FAR 121)		FAR 103 FAR 133 FAR 431	
Supplemental		FAR 121 FAR 135 FAR 435	
Air Cargo		FAR 125 FAR 137 FAR 437	
Foreign Air Carriers (FAR 129)		FAR 91 Special Flight	
Rotorcraft External Load (FAR 133)		Non-US, Commercial	
Commuter Air Carrier (FAR 135)		Non-US, Non-commercial	
On-Demand Air Taxi (FAR 135)		Public Aircraft (Select one)	
Commercial Air Tour (FAR 136)		Armed Forces	
Agricultural Aircraft (FAR 137)		Federal	
Pilot School (FAR 141)		State	
Certificate of Authorization or Waiver (COA)		Local	
Commercial Space Transportation		Unknown	
Experimental Permit			
Commercial Space Transportation License			
Other Operator of Large Aircraft			
Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	
Scheduled or Commuter		Aerial Application	
Non-Scheduled or Air Taxi		Aerial Observation	
Domestic		Air Drop	
International		Air Race/Show	
		Banner Tow	
		Business	
		Executive/Corporate	
		External Load	
		Ferry	
		Firefighting	
		Flight Test	
		Glider Tow	
		Instructional	
		Other Work Use	
		Personal	
		Positioning	
		Skydiving	
		Unknown	
Revenue Sightseeing Flight		Air Medical Flight	
Yes <u>No</u>		Yes <u>No</u>	
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: <u>KAPA / Centennial</u>		Distance From Airport Center: _____ sm	
Airport Identifier: _____		Direction From Airport: _____ degrees true	
Proximity to Airport: <u>Off Airport/Airstrip</u> On Airport/Airstrip N/A		Airport Elevation: _____ ft. msl	
Runway Information		Condition of Runway/Landing Surface (Check all that apply)	
Runway ID: <u>35L</u> (L/R/C) Length: _____ ft Width: _____ ft		Dry	
Runway/Landing Surface (Check all that apply)		Holes	
<u>Asphalt</u>		Ice Covered	
Concrete		Rough	
Dirt		Rubber Deposits	
Grass/Turf		Slush-Covered	
Gravel		Snow-Compacted	
Ice		Snow-Crusted	
Macadam		Snow-Dry	
Metal/Wood		Snow-Wet	
Snow		Soft	
Water		Vegetation	
Unknown		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)		VFR Approach (Check all that apply)	
None		None	
ADF/NDB		Traffic Pattern	
SDF		Straight-In	
VOR/TVOR		Valley/Terrain Following	
VOR/DME		Go Around	
TACAN		Full Stop	
PAR		Stop and Go	
Sideslip		Touch and Go	
<u>ILS</u>		Simulated Forced Landing	
Localizer Only		Forced Landing	
LOC-back course		Precautionary Landing	
RNAV		Unknown	
MLS			
LDA			
ASR			
Visual			
Contact			
Circling			
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: KEITH City of Residence: EVERGREEN
Middle Initial: H State: CO ZIP: 80439
Last Name: LEIMBACH Country: USA
Age at time of Accident/Incident: 56 Date of Birth: [REDACTED] /[REDACTED] /[REDACTED]
Certificate Number: [REDACTED]

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 ☒ Class 2 ☐ 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>01/07/2022</u> mm/dd/yyyy	

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

WAS COMPLETING FLIGHT REVIEW
AT TIME OF ACCIDENT. HAVEN'T
FLOWN SINCE 2009/2010

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	789.2	85.5	730.8	0	50	50	2.0	0.4	-	-
Pilot in Command (PIC)	670.5	75.5	670.5	0	50	50				
Time as Instructor						1.0				
This Make/Model					10					
Last 90 Days		10.0				1.0				
Last 30 Days		10.0				1.0				
Last 24 Hours		0								

"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: DAVE City of Residence: HORSESHOE
 Middle Initial: R State: NC ZIP: 28742
 Last Name: GARNER Country: USA
 Age at time of Accident/Incident: 74 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 ☐ 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: _____ 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	33,822									
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 Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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			
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 Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign					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			
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>KDDC</u> City: <u>Doonbeg City</u> State: <u>KS</u> Country: <u>USA</u>	Time of Departure Time: <u>12:30</u> Time Zone: <u>MT</u>	Destination Airport ID: <u>KAPA</u> City: <u>Centennial</u> State: <u>CO</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☒ Military VFR ☐ Unknown ☐ VFR ☐ 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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Occurrence: _____ ft msl
 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 ☐

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 ☒ FOREFLIGHT
 Automated Report ☒ None ☐ XM WX
 Commercial Weather Service (DUATS) ☐ Unknown ☐
 On-Board Weather ☐

Weather Observation Facility

Facility ID: KAPA ATIS
 Observation Time: _____
 Time Zone: MT
 Distance from Accident Site: 0 nm
 Direction from Accident Site: 380 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: 1 (C) or _____ (F)

Dew Point: -19 (C) or _____ (F)

Altimeter Setting: 29.92 in. Hg
 or _____ MB

Lowest Cloud Condition Height

8,000 ft agl

Ceiling Height

_____ ft agl

Wind Direction

Variable ☐

-or-
 Direction: 340 degrees true

Wind Speed

Calm ☐
 Light and Variable ☐

-or-
 Speed: 3 kts

Wind Gusts

Not Gusting ☒

-or-
 Speed: _____ kts

Visibility 10 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 ☐ Type N/A ☐
 Trace ☐ Rime ☐
 Light ☐ Clear ☐
 Moderate ☐ Mixed ☐
 Severe ☐ Unknown ☐
 Unknown ☐

Icing Actual

Amount ☒ None ☐ Type N/A ☐
 Trace ☐ Rime ☐
 Light ☐ Clear ☐
 Moderate ☐ Mixed ☐
 Severe ☐ Unknown ☐
 Unknown ☐

Turbulence

Type (Check all that apply) ☐ None ☒ Severity ☒ 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
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)

TOTAL LOSS, FIRE BURNED ENGINE COMPARTMENT
+ COCKPIT/CABIN. NOTHING RECOVERABLE FROM
COCKPIT/CABIN. REAR BAGGAGE COMPARTMENT OK

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.

DEPARTED KDDC 12:30 MT 3/8/22, FILED IFR ON
GROUND TRN FOREFLIGHT & PICKED UP CLEARANCE AIRBORN
→ KAPA 10,000 FT. CLEARED IFR 35R W/ INFO ZULU →
FIRB1. TOWER APPROVED APPROACH ILS 35R BUT ASKED US
TO SIDESTEP 35L ABOVE THE MISSED. APPROACH WAS UN-
EVENTFUL BUT AT PT OF SIPESTEP TO 35L I NEEDED TO
ADD POWER SINCE 35L THRESHOLD IS FURTHER THAN THAT
FOR 3TR. REALIZED WE HAD NO POWER BUT THOUGHT WE
MIGHT CLEAR THE HIGHWAY. REALIZED W/ A FEW SECONDS
THAT WE WOULD NOT CLEAR HIGHWAY AND LOOKED FOR
PLACE TO LAND. ONLY OPTION WAS MEDIAN BTWN N & S
BOUND LANES OF E470. CONTINUED ATTEMPTS TO RE-START,
USED AUX FUEL PUMP & SWITCHED TANKS, W/O SUCCESS. RAN
OUT OF TIME/ALTITUDE AND CRASHED IN MEDIAN OF E470.
NEITHER OF US LOST CONSCIOUSNESS FROM IMPACT, WHEN I REALIZED
I WAS OK & ABLE TO MOVE I CHECKED STATUS OF CO-PILOT, ALSO
OK WITH SMALL CUT ON FOREHEAD, EXITED AIRCRAFT & RETRIEVED
BAGS & FILES FROM REAR LOGGAGE COMPARTMENT. MY FLIGHT
BAG W/ CERTIFICATES & LOG BOOK WERE LOST IN THE FIRE. ENGINE
COMPARTMENT ON FIRE AT IMPACT. NO PROPERTY DAMAGE,
SERIOUS INJURIES OR FATALITIES.

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

Operator/Owner Safety Recommendation

ENGINE FAILURE → FLY THE AIRPLANE TO THE GROUND
RATHER THAN STALL AND NOSE OVER
INTO A PINE (that's what we did)

→ UNSURE HOW TO PREVENT THE
ENGINE FAILURE

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.)

CONTINENTAL/RAM ENGINE

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)

118

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

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

EXITED FROM MAIN DOOR, AIRPLANE WAS ON FIRE IN ENGINE
COMPARTMENT. 2 SOULS ON BOARD

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

Aircraft Registration Number

N210GEManufacturer: ~~GE~~N/A

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 03/10/2022 Name of Pilot/Operator: KEITH LEWIS
mm/dd/yyyy 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. CEN22LA137	Reviewed by NTSB Regional Office Central Region	Name of Investigator T. Sorensen	Date Report Received 10 March 2022
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