

NATIONAL TRANSPORTATION SAFETY BOARD

NTSB Form 6120.1

PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 *Code of Federal Regulations* (CFR) Part 830 http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl. These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

Nearest City/Place: Use the name of the nearest community in the state where the accident/incident occurred.

Date/Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

Maximum Gross Weight: Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Engine: Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowlings, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

Air Medical Flight: Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

Public Aircraft: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

Purpose of Flight: 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

AERIAL APPLICATION--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP--Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW--Includes any flight operations conducted as part of an organized air race or public demonstration.

BUSINESS--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE--Company flying with a paid, professional crew.

FERRY--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

FLIGHT TEST--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

INSTRUCTIONAL--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

OTHER WORK USE--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

PERSONAL--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

POSITIONING--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

UNKNOWN--Use only if the primary purpose of flight is not known.

Other Aircraft--Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identifier: Provide the official 3 or 4 character airport identifier number.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

Flight Crewmember Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

Additional Flight Crewmembers: Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to www.nts.gov.

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: Del Rio KDRT State: TX
ZIP: 78840 Country: USA
Latitude: 29.43 Longitude: 100.99
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 11/22/22 Local Time: 12:46pm
mm/dd/yyyy Time Zone: CST
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N968T
Manufacturer: Beechcraft
Model: Super King Air (B320)
Serial Number: B3570
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: 12,500 lbs
Weight at Time of Accident/Incident: 11,800 lbs
Number of Seats: 10 Flight Crew Seats: 2
Cabin Crew Seats: Passenger Seats: 8
Number of Engines: 2

Category of Aircraft ☒ Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td>☒ Normal</td> <td>☐ Restricted</td> </tr> <tr> <td>☐ Aerobatic</td> <td>☐ Limited</td> </tr> <tr> <td>☐ Balloon</td> <td>☐ Provisional</td> </tr> <tr> <td>☐ Commuter</td> <td>☐ Special Flight</td> </tr> <tr> <td>☐ Transport</td> <td>☐ Experimental</td> </tr> <tr> <td>☐ Utility</td> <td>☐ Special Light-Sport</td> </tr> <tr> <td></td> <td>☐ Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) None Unknown	Standard	Special	☒ Normal	☐ Restricted	☐ Aerobatic	☐ Limited	☐ Balloon	☐ Provisional	☐ Commuter	☐ Special Flight	☐ Transport	☐ Experimental	☐ Utility	☐ Special Light-Sport		☐ Experimental Light-Sport	Landing Gear (Check all that apply) ☒ Retractable <table style="width: 100%;"> <tr> <td>☒ Tricycle</td> <td>☐ Tailwheel</td> </tr> <tr> <td>☐ Amphibian</td> <td>☐ High Skid</td> </tr> <tr> <td>☐ Emergency Float</td> <td>☐ Skid</td> </tr> <tr> <td>☐ Float</td> <td>☐ Ski</td> </tr> <tr> <td>☐ Hull</td> <td>☐ Ski/Wheel</td> </tr> <tr> <td colspan="2">Other Launch/Recovery System</td> </tr> <tr> <td colspan="2">None Unknown</td> </tr> </table>	☒ Tricycle	☐ Tailwheel	☐ Amphibian	☐ High Skid	☐ Emergency Float	☐ Skid	☐ Float	☐ Ski	☐ Hull	☐ Ski/Wheel	Other Launch/Recovery System		None Unknown		Engine Type (Select one) <table style="width: 100%;"> <tr> <td>☐ Reciprocating</td> <td>☐ Liquid Rocket</td> </tr> <tr> <td>☐ Turbo Shaft</td> <td>☐ Solid Rocket</td> </tr> <tr> <td>☒ Turbo Prop</td> <td>☐ Hybrid Rocket</td> </tr> <tr> <td>☐ Turbo Jet</td> <td>☐ None</td> </tr> <tr> <td>☐ Turbo Fan</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Electric</td> <td></td> </tr> </table> Fuel System Type (Reciprocating) Carburetor Fuel-Injected	☐ Reciprocating	☐ Liquid Rocket	☐ Turbo Shaft	☐ Solid Rocket	☒ Turbo Prop	☐ Hybrid Rocket	☐ Turbo Jet	☐ None	☐ Turbo Fan	☐ Unknown	☐ Electric	
Standard	Special																																												
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☐ Electric																																													

Engine	Engine Manufacturer	Engine Model/Serial	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	PRATT WHITNEY	PT6A-41	PCE 80557	6/01/1977	650	13,137	91.6	38882
Eng. 2	PRATT WHITNEY	PT6A-41	PCE 80551	6/01/1977	650	13,147	91.6	38882
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown Date Last Inspection: <u>8-17-2022</u> mm/dd/yyyy Airframe Total Time: <u>18,723.3</u> hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	Propeller 1 Fixed Pitch ☒ Controllable Pitch Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-B3TW-3G</u> Propeller 2 Fixed Pitch ☒ Controllable Pitch Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-B3TW-3</u>	ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ARTEX</u> Model or Part No.: <u>453-6603</u> 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
Type of Maintenance Program (Select one) Annual <u>Phase I - EV</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:	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:	
Description of Fire Extinguishing System None Specify:		

"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: George TERRY Hollan

Middle Initial: T

Last Name: Hollan

City of Residence: [REDACTED]

State: [REDACTED] ZIP: [REDACTED]

Country: USA

Age at time of Accident/Incident: 64 Date of Birth: [REDACTED] mm/dd/yyyy

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

10/28/2021
mm/dd/yyyy

Medical Certificate Limitations

Reading glasses

Medical Certificate Special Issuance

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

06/22/2022
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft
Model: BE 56 T

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	☐ Instrument Airplane
☐ Airplane Single-Engine	☐ Instrument Helicopter
☐ Airplane Multi-Engine	☐ Helicopter
☐ Gyroplane	☐ Glider
☐ Powered Lift	☐ 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	7274	478	3140	4264	4913	894	18.9			
Pilot in Command (PIC)	6381	228	3050	3450	913	894	18.9			
Time as Instructor										
This Make/Model										
Last 90 Days	78	78	-	78	3	11.3				
Last 30 Days	32.4	32.4		32.4	1	5.6				
Last 24 Hours	2	2		2	0	.1				

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Hollan Air LLCCity: [REDACTED]State: [REDACTED]ZIP: [REDACTED]Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**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: DEL RIO INTERNATIONALAirport Identifier: KDRTProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A ☒NE

Distance From Airport Center: _____ sm

Direction From Airport: 030 degrees trueAirport Elevation: 1002 ft. msl**Runway Information**Runway ID: 13 (L/R/C) Length: 6300 ft Width: 100 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 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 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		Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
Principal Occupation Pilot Other Unknown	Medical Certificate <table style="width: 100%;"> <tr> <td>None</td> <td>Class 3</td> </tr> <tr> <td>Class 1</td> <td>Driver's License (Sport Pilot only)</td> </tr> <tr> <td>Class 2</td> <td>Unknown</td> </tr> </table>		None	Class 3	Class 1	Driver's License (Sport Pilot only)	Class 2	Unknown	Date of Last Medical _____ mm/dd/yyyy								
None	Class 3																
Class 1	Driver's License (Sport Pilot only)																
Class 2	Unknown																

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

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	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew Passenger Other				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew Passenger Other				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew Passenger Other				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		
First Name: _____ City: _____		Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____				None	None		
Last Name: _____ Country: _____				Lap Only	Lap Only		
Crew Passenger Other				3-point	3-point		
				4-point	4-point		
				5-point	5-point		
				Unknown	Unknown		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KDRT</u> City: <u>DFW Rio</u> State: <u>TEXAS</u> Country: <u>USA</u>	Time of Departure Time: _____ Time Zone: <u>CST</u>	Destination Airport ID: <u>KDTU</u> City: <u>Denton</u> State: <u>TEXAS</u> Country: <u>USA</u>	Type Flight Plan Filed None _____ Company VFR ☒ _____ Military VFR _____ 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)				Altitude of In-Flight Occurrence: <u>4100</u> ft msl
Class A	Class G	Military Operations Area (MOA)	Special Air Traffic Control Area ☒ Unknown	
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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☐ Commercial Weather Service (DUATS) ☒ On-Board Weather	Facility ID: <u>KDRT</u> Observation Time: <u>12:35</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>5.7</u> nm Direction from Accident Site: <u>030</u> degrees true

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown	Light Condition Dawn _____ ☒ Day _____ Dusk _____ Night _____ Dark Night _____ Bright Night _____ Unknown _____
--	---

Sky/Lowest Cloud Condition Clear _____ Few _____ Partial Obscuration _____ Scattered _____ Thin Broken ☒ _____ Thin Overcast _____ Unknown _____	Ceiling None (Clear) _____ Broken _____ Overcast _____ Obscured _____ Indefinite _____ Unknown _____	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height <u>1300</u> ft agl	Ceiling Height <u>2700</u> ft agl	

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
--	---	--	---

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 ☒ 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
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)

outside wings , excessive g's

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.

11/22/2022

1320 W96ET

upon climb out thru 4000 ft msl approximately 7 miles NE of KORT I suffered a wind shear that caused me to lose 1500 ft in altitude. At the time my climb rate was 1600 fpm between the 2 layers of clouds. I noticed that climb was halted to zero ~~ft~~ before immediately losing 1500 ft. Torque was 20 on both engines prior to full. Once I gained control we continued to destination - KOTO. Once on the ground I noticed sheet metal damage to both wings

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.)

no failure

Total Time/Cycles
On Part

13,137 Hours

11,374 Cycles

Time Since This Part
Inspected/Overhauled

3,888.2 Hours

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

1800 lbs 269 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

N466T

Manufacturer:

Boeing 737

Model:

737-400

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.

paxs on flight

1. SARA Belmontes - no injuries
2. Aracely Quinteo - no injuries
3. Kelly Clancy - no injuries
4. Ryan Litke - no injuries
5. Matt France - no injuries
6. Jared Bagley - no injuries

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

Date of this Report

12/09/2022
mm/dd/yyyy

Name of Pilot/Operator:

G. Terry Hollan

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.

CEN23LA052

Reviewed by NTSB Regional Office

Central

Name of Investigator

Mitchell Gallo

Date Report Received

12/09/2022