

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

Accident/Incident Location Nearest City/Place: <u>Hyannis</u> State: <u>NE</u> ZIP: <u>69350</u> Country: <u>Gran</u> Latitude: _____ Longitude: _____ <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		Accident/Incident Date/Time Date: <u>01 20 2023</u> Local Time: <u>10:30</u> <i>mm/dd/yyyy</i> Time Zone: <u>mountain</u>	
Collision with Other Aircraft:		Midair	On-ground

Registration Number: <u>N717DJ</u> Manufacturer: <u>American Champion</u> Model: <u>SKLAB</u> Serial Number: <u>1121-2012</u> Year of Manufacture: <u>2012</u> Amateur-Built: Yes ☐ If Yes: Kit/Plans ☐ Make: ☐ No ☒ Original Design ☐	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft
	Maximum Gross Weight: <u>1950</u> lbs Weight at Time of Accident/Incident: <u>1650</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)		Landing Gear (Check all that apply)	Engine Type (Select one)
<u>Airplane</u>	Standard	Special		<u>Reciprocating</u>
Balloon	Normal	Restricted	Retractable	Liquid Rocket
Blimp/Dirigible	<u>Aerobatic</u>	Limited	Tricycle	<u>Tailwheel</u>
Glider	Balloon	Provisional	Amphibian	Turbo Shaft
Gyroplane	Commuter	Special Flight	Emergency Float	Turbo Prop
Helicopter	Transport	Experimental	Float	Turbo Jet
Powered Lift	Utility	Special Light-Sport	Hull	Turbo Fan
Rocket		Experimental Light-Sport		Electric
Ultralight			Other Launch/Recovery System	
Unknown	Certificate of Authorization or Waiver (COA)			
	None	Unknown	None	
			Unknown	
				Fuel System Type (Reciprocating)
				Carburetor
				<u>Fuel-Injected</u>

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	LYCOMING	BE-0 360			180			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection <u>Annual</u> Unknown	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: <u>MT</u> Model: <u>P24NE</u>	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
Date Last Inspection: <u>01.19.2023</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>1336</u> hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	ELT Installed: ☒ Yes No <i>If Yes:</i> 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 <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes No <i>If not activated:</i> Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown	
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: _____	Additional Equipment (Check all that apply) <u>ADS-B</u> 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 <u>None</u> Specify: _____		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: FLYIN W RANCHCity: BillingsState: MT ZIP: 59101Fractional Ownership Aircraft: Yes ☒ NoCountry: USA**Operator of Aircraft***Same As Registered Owner**Same Address as Registered Owner*Name: JEFFREY WRIGHT

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: Grant County

Distance From Airport Center: _____ sm

Airport Identifier: 2V2

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip ☒ On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway InformationRunway ID: 17 (L/R/C) Length: 3970 ft Width: 50 ft**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

Runway/Landing Surface (Check all that apply)

☒ Asphalt Grass/Turf Macadam Water
Concrete Gravel Metal/Wood
Dirt Ice ☒ Snow 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 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: JEFFREY WRIGHT City of Residence: B. Illinois
 Middle Initial: B State: MT ZIP: 59101
 Last Name: Wright Country: USA
 Age at time of Accident/Incident: 64 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="0"> <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) <table border="0"> <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						
None	☒ Flight Instructor	☐ Commercial	☐ US Military																	
Private	☐ Recreational	☒ Airline Transport	☐ Foreign																	
Student	☐ Sport	☒ Flight Engineer																		
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate <table border="0"> <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	Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance Unknown N/A		Date of Last Medical <u>09 14 2022</u> 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: 10.12.2022
 mm/dd/yyyy

Flight Review Aircraft
 Make: BEECHCRAFT
 Model: V35

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 ☒ Glider ☐ Sport
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Type Ratings
B 727 B 777

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	20,000+	500	2,000	18,000+	10,000	10,000	300	450	350	
Pilot in Command (PIC)	15,000	500	2,000	13,000	5,000				50	
Time as Instructor	3,500	30	500	3,000						
This Make/Model										
Last 90 Days	40	15	40	6	2					
Last 30 Days	15	15								
Last 24 Hours		9								

"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: NA

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**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 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 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: <u>NA</u> 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 Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					Restraint Type: Available Used None Lap Only 3-point 4-point 5-point Unknown 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 Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Private Recreational Student Sport Commercial US Military Airline Transport Foreign Flight Engineer					Restraint Type: Available Used None Lap Only 3-point 4-point 5-point Unknown 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 Used None Lap Only 3-point 4-point 5-point Unknown 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 Used None Lap Only 3-point 4-point 5-point Unknown 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 Used None Lap Only 3-point 4-point 5-point Unknown 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 Used None Lap Only 3-point 4-point 5-point Unknown 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>69K</u> City: <u>WAMEGO</u> State: <u>KS</u> Country: <u>USA</u>	Time of Departure Time: <u>14:30</u> Time Zone: <u>CENTRA</u>	Destination Airport ID: <u>1V2</u> City: <u>HYANNIS</u> State: <u>NE</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ 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 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: <u>KPIA</u> Observation Time: <u>18:30</u> Time Zone: <u>MOUNTAIN</u> Distance from Accident Site: <u>47</u> nm Direction from Accident Site: <u>263</u> degrees true
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Basic Conditions ☒ VMC ☐ IMC Unknown	Light Condition Dawn Day ☒ Night Dusk Dark Night Bright Night Unknown
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 <u>24</u> (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) ☒ None 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:

NONE

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)

PROPELLER, WHEEL PANTS, RUDDER DAMAGED

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

DEPARTED WAMEGO KS 69K AFTER FUEL STOP DEPARTED FOR CHADRON NE
KLDOR I DID NOT HAVE ENOUGH RESERVE FUEL FOR CHADRON SO ELECTED
TO STOP AT GRANT COUNTY 1V2 FOR ADDITIONAL FUEL, I RECEIVED ASOS
WX FROM NEAREST AIRPORT KNIA I OVER FLEW 1V2 TO OBSERVE WINDSACK
AND ACTIVATE RWY LIGHTS I DETERMINED RWY 17 WAS MOST
APPROPRIATE SO MADE LEFT TRAFFIC FOR RWY 17 UNEVENTFUL TOUCHDOWN
ON ROLLOUT AIRCRAFT CONTACTED SNOW BANK ON RIGHT SIDE OF
RWY 17 CAUSING PLANE TO COME TO REST ON IT'S BACK. AFTER
SECURING THE AIRPLANE AND REMOVING MYSELF I THEN COULD SEE
THE AMOUNT OF SNOW ENCROACHING THE RWY APPROX 15' INSIDE THE
RWY LIGHT WHILE JUST 6' ON LEFT SIDE OF RWY. I WAS
CLUEING ON THE RWY LIGHTS ON ROLLOUT AS THE AIRCRAFT
LANDING LIGHT POINTS SKYWARD WHILE ON THE GROUND, THE AIRPLANE
FUSELAGE CAME TO REST IN LINE WITH RIGHT SIDE RWY LIGHTS.

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

Operator/Owner Safety Recommendation

DON'T FLY AT NIGHT OR TIME I WOULD HAVE BEEN ABLE TO SEE
SNOW BANK ENCRORACHING THE RWY

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)

L/O 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

NA

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

I EXITED THE MAIN AIRCRAFT DOOR

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

Aircraft Registration Number

NA

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

01-24-2023
mm/dd/yyyy

Name of Pilot/Operator:

JEFFREY WRIGHT

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.
CEN23LA090

Reviewed by NTSB Regional Office
AS-CEN

Name of Investigator
Andrew Finne

Date Report Received
01/24/2023