

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: Watkins State: CO

ZIP: 80137 Country: USA

Latitude: 39°47' 0.900"N Longitude: 104°32' 35.300"W

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

Accident/Incident Date/Time

Date: 06/10/2023 Local Time: 12:15 PM

mm/dd/yyyy

Time Zone: Mountain

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N6886P

Manufacturer: Piper

Model: PA-24 250 Comanche

Serial Number: 24-2022

Year of Manufacture: 1960

Amateur-Built: Yes If Yes: Kit/Plans Make: _____

No

Original Design

IFR-Equipped and Certified

Commercial Space Flight

Unmanned Aircraft

Maximum Gross Weight: 3000 lbs

Weight at Time of Accident/Incident: 2570 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: 1 Passenger Seats: 3

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

Special

Normal

Aerobatic

Balloon

Commuter

Transport

Utility

Restricted

Limited

Provisional

Special Flight

Experimental

Special Light-Sport

Experimental Light-Sport

Certificate of Authorization or Waiver (COA)

None

Unknown

Landing Gear

(Check all that apply)

Retractable

Tricycle

Tailwheel

Amphibian

High Skid

Emergency Float

Skid

Float

Ski

Hull

Ski/Wheel

Other Launch/Recovery System

None

Unknown

Engine Type (Select one)

Reciprocating

Turbo Shaft

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	<u>Lycoming</u>	<u>O-540-A</u>		<u>1960</u>	<u>250</u>	<u>18137</u>	<u>1.0</u>	<u>18137</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour

AAIP

Annual

Continuous Airworthiness

Conditional Inspection

Unknown

Date Last Inspection: 06/01/2023

mm/dd/yyyy

Airframe Total Time: 4510 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:

10 lb. extinguisher

Propeller 1

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: Hartzell

Model: 8433-7

Propeller 2

Fixed Pitch

Controllable Pitch

Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes:

ELT Manufacturer: Unknown

Model or Part No.: Unknown

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)

C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes No

If not activated:

Indicate Reason:

Impact Damage

Fire Damage

Battery Expired/Damaged

Unknown

Additional Equipment (Check all that apply)

ADS-B

Airframe Parachute

Angle of Attack Indicator

Autopilot

Data Recorder

Electronic Flight Bag or Handheld Device

Electronic Multifunction Display

Electronic Primary Flight Display

Handheld GPS

Heads Up Display

Onboard Weather

Satellite Tracking Device

Stall Warning System

Video Recording Device

Other, Specify: _____

Registered Aircraft OwnerName: Thomas R. LeftyCity: AuroraState: CO ZIP: 80247Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame 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)

Not applicable

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 Name: Colorado Air and Space PortAirport Identifier: KCFDProximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: Near airport centerDirection From Airport: On air port degrees trueAirport Elevation: 5515 ft. msl**Runway Information**Runway ID: 8 (L/R/C) Length: 8002 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 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: Thomas R. City of Residence: Aurora
 Middle Initial: R State: CO ZIP: 80247
 Last Name: Cefly Country: USA
 Age at time of Accident/Incident: 78 Date of Birth: mm/dd/yyyy
 Certificate Number: mm/dd/yyyy

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
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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 <u>Basic Med</u> 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 <u>6/27/2022</u> mm/dd/yyyy
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Medical Certificate Limitations

None

Medical Certificate Special Issuance

Not applicable

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/13/2023
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper
 Model: PA 24-250 Comanche N6886P

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

None

Student Endorsements (Include dates)

Not applicable

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	704	122	702.5	1.5	26	2	22	0	0	0
Pilot in Command (PIC)	510	83	510	0	18	0	0	0	0	0
Time as Instructor	0	0	0	0	0	0	0	0	0	0
This Make/Model					1	0	0			
Last 90 Days	4.6	4.6	4.6	0	0	0	0	0	0	0
Last 30 Days	1	1	1	0	0	0	0	0	0	0
Last 24 Hours	1	1	1	0	0	0	0	0	0	0

There was no other crew member.

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Restraint Type

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

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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

There were no other crewmembers or personnel.

Crew Name and Address				Seat Occupied		Injury
First Name: _____		City of Residence: _____		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
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		
		US Military		3-point		3-point
		Foreign		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 Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown
Middle Initial: _____		State: _____ ZIP: _____				
Last Name: _____		Country: _____				
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		Lap Only		
		Airline Transport		Lap Only		
		Flight Engineer		Lap Only		
		US Military		3-point		3-point
		Foreign		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						

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				

Last Departure Point Airport ID: <u>KCFO</u> City: <u>Watkins</u> State: <u>Colorado</u> Country: <u>USA</u>		Time of Departure Time: <u>11:45 AM</u> Time Zone: <u>Mountain</u>		Destination Airport ID: <u>KCFO</u> City: <u>Watkins</u> State: <u>Colorado</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None VFR/IFR ☐ Company VFR IFR ☐ Military VFR Unknown ☐ VFR Activated? Yes No Unknown	
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA							
Airspace where the accident/incident occurred (Check all that apply) Class A Class G Military Operations Area (MOA) 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						Altitude of In-Flight Occurrence: <u>5515</u> ft msl	
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 <u>ATIS</u> Company Military Internet None Unknown				Weather Observation Facility Facility ID: <u>KCFO</u> Observation Time: <u>11:00-12:00 AM</u> Time Zone: <u>Mountain</u> Distance from Accident Site: <u>Tower to Runway 8</u> Direction from Accident Site: <u>East</u> 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) ☐ Broken ☐ Overcast Obscured Indefinite Unknown		Temperature: _____ (C) or <u>70</u> (F) Dew Point: <u>Unknown</u> or _____ (F) Altimeter Setting: <u>Unknown</u> or _____ MB			
Lowest Cloud Condition Height <u>Unknown</u> ft agl		Ceiling Height <u>Unknown</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 <u>10+</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>7500</u> 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 Type ☒ None N/A ☐ Trace Rime ☐ Light Clear ☐ Moderate Mixed ☐ Severe Unknown ☐ Unknown		Icing Actual Amount Type ☒ None N/A ☐ Trace Rime ☐ Light Clear ☐ Moderate Mixed ☐ Severe Unknown ☐ Unknown		Turbulence Type (Check all that apply) Severity ☒ None 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: <u>None</u>							

Aircraft Damage

None
MinorSubstantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Propeller bent, underbelly damaged substantially, engine damaged because of prop strike.

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.

On June 10, 2023 at 11:45 AM I taxied my Comanche to Alpha Taxiway and contacted Spaceport ground who gave me a clearance to taxi to Runway 9 for Touch and goes. I completed 4 touch and goes and announced I wanted to make a full stop. I completed the pattern and after my final approach as I was in ground effect, I noticed the landing gear control was indicating the landing gear was up. I pulled the landing gear switch down but it was too late, the plane landed with the gear up.

Operator/Owner Safety Recommendation

Two recommendations:

1. I am going to put the checklist in my iPad and run the checklist at all times and not depend completely on my memory.
2. If I purchase another retractable airplane, I will have a warning that I can hear with my head phone that "the landing gear is up" when the manifold pressure goes down low as when one is on final approach.

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

90

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

None

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes ☒ No ☐

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot turned power, mixture and ignition off and exited airplane

OTHER AIRCRAFT

Aircraft Registration Number

Not applicable

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
Substantial

Minor
None

Registered Owner of Other Aircraft

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

Pilot of Other Aircraft

Name: _____
 City: _____
 State: _____ ZIP: _____
 Country: _____

ADDITIONAL INFORMATION Please type or print in ink.

Use this space if additional space is needed for any answers.

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

Date of this Report

07/22/2023
mm/dd/yyyy

Name of Pilot/Operator:

Thomas R. Letly

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.
CEN23LA253Reviewed by NTSB Regional Office
Central Region / AS-CENName of Investigator
Andrew FinneDate Report Received
07/26/2023