

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

Accident/Incident Date/Time
 Date: 07/06/2024 Local Time: 10:00
mm/dd/yyyy
 Time Zone: Central
 Collision with Other Aircraft: Midair On-ground ☒ None

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 1430 lbs
Weight at Time of Accident/Incident: 1390 lbs

Number of Seats: 2 Flight Crew Seats: 0
Cabin Crew Seats: 1 Passenger Seats: 1

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	Standard	Special	Retractable	Reciprocating
Balloon	Normal	Restricted	Tricycle	Turbo Shaft
Blimp/Dirigible	Aerobatic	Limited	Tailwheel	Turbo Prop
Glider	Balloon	Provisional	Amphibian	Turbo Jet
Gyroplane	Commuter	Special Flight	Emergency Float	Turbo Fan
Helicopter	Transport	Experimental	Float	Electric
Powered Lift	Utility	Special Light-Sport	Hull	
Rocket		Experimental Light-Sport		
Ultralight			Other Launch/Recovery System	Fuel System Type (Reciprocating)
Unknown	Certificate of Authorization or Waiver (COA)		None	Carburetor
	None	Unknown	Unknown	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	Rotax	914 L	9577180		115 Hp	290	60	N/A
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour _____ Continuous Airworthiness _____ AAIP _____ Conditional Inspection _____ Annual _____ Unknown _____		Propeller 1 <u>Fixed Pitch</u> Controllable Pitch _____ Ground Adjustable _____ Manufacturer: <u>Warp Drive</u> Model: <u>914-06A 68-L</u>		Propeller 2 _____ Fixed Pitch _____ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: _____ Model: _____	
Date Last Inspection: <u>08/30/2023</u> mm/dd/yyyy		ELT Installed: <u>Yes</u> No If Yes: ELT Manufacturer: <u>ACK E-04</u> Model or Part No.: <u>unknown</u> TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)		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 _____ <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: _____	
Airframe Total Time: <u>290</u> hrs hours measured at (Select one) Last Inspection _____ Time of Accident/Incident _____		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? <u>Yes</u> No Was ELT still connected to antenna? <u>Yes</u> No Did ELT Activate? Yes <u>No</u> If activated: Did ELT Aid in Locating Aircraft: Yes <u>No</u> If not activated: Indicate Reason: Impact Damage _____ Fire Damage _____ Battery Expired/Damaged _____ <u>Violent</u> <u>Unknown</u>	
Description of Fire Extinguishing System None _____ Specify: <u>fire extinguisher</u>					

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Matthew P Lamb

City: Guthrie

State: OK

ZIP: 73044

Fractional Ownership Aircraft: Yes ☐ No ☒

Country: US

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ None
- ☐ Flag Carrier Operating Certificate (FAR 121)
- ☐ Supplemental Air Cargo
- ☐ Foreign Air Carriers (FAR 129)
- ☐ Rotorcraft External Load (FAR 133)
- ☐ Commuter Air Carrier (FAR 135)
- ☐ On-Demand Air Taxi (FAR 135)
- ☐ Commercial Air Tour (FAR 136)
- ☐ Agricultural Aircraft (FAR 137)
- ☐ Pilot School (FAR 141)
- ☐ Certificate of Authorization or Waiver (COA)
- ☐ Commercial Space Transportation
- ☐ Experimental Permit
- ☐ Commercial Space Transportation License
- ☐ Other Operator of Large Aircraft

Regulation Flight Conducted Under

- | | | |
|---|---------|---------|
| ☒ FAR 91 | FAR 129 | FAR 415 |
| ☐ FAR 103 | FAR 133 | FAR 431 |
| ☐ FAR 121 | FAR 135 | FAR 435 |
| ☐ FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)
Armed Forces
Federal
State
Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|---------------------------|---------------|
| Scheduled or Commuter | Domestic |
| Non-Scheduled or Air Taxi | International |
| Passenger | |
| Cargo | |
| Mail Contract Only | |

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|---------------------|----------------|---------|
| Aerial Application | Firefighting | Unknown |
| Aerial Observation | Flight Test | |
| Air Drop | Glider Tow | |
| Air Race/Show | Instructional | |
| Banner Tow | Other Work Use | |
| Business | Personal | |
| Executive/Corporate | Positioning | |
| External Load | Skydiving | |
| Ferry | | |

Revenue Sightseeing Flight

Yes ☐ No ☐

Air Medical Flight

Yes ☐ No ☐

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Airport Identifier: _____

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

Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- | | | | |
|----------|------------|------------|--|
| Asphalt | Grass/Turf | Macadam | ☒ Water |
| Concrete | Gravel | Metal/Wood | Unknown |
| Dirt | Ice | Snow | |

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 |
| Takeoff | IFR Departure Procedure/Clearance |
| Initial Climb | |

☒ On Instrument Approach
☐ Landing

- | | |
|-----------|-----------------------------------|
| Downwind | Low Approach |
| Base | Go Around |
| Final | Aborted Landing (after touchdown) |
| Crosswind | Unknown |

IFR Approach (Check all that apply)

- | | | | |
|----------|-----------------|----------|----------|
| None | PAR | MLS | Practice |
| ADF/NDB | Sidestep | LDA | GPS |
| SDF | ILS | ASR | |
| VOR/TVOR | Localizer Only | Visual | |
| VOR/DME | LOC-back course | Contact | |
| TACAN | RNAV | Circling | Unknown |

VFR Approach (Check all that apply)

- | | |
|--------------------------|--------------------------|
| None | Stop and Go |
| Traffic Pattern | Touch and Go |
| Straight-In | Simulated Forced Landing |
| Valley/Terrain Following | Forced Landing |
| Go Around | Precautionary Landing |
| Full Stop | 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: Matthew P Lamb

City of Residence: Greenville

Middle Initial: A

State: SC ZIP: 29614

Last Name: Lamb

Country: US

Age at time of Accident/Incident: 63 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Fatal ☐ Unknown ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☒ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type Available ☒ None ☐ Used ☐ 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 <u>12/1/22</u> mm/dd/yyyy	

Medical Certificate Limitations

NONE

Medical Certificate Special Issuance

NONE

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

11/30/20
mm/dd/yyyy

Flight Review Aircraft

Make: Searey

Model: Elite

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

Type Ratings

M20T

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	4200	290	4200	0	45	0	0	0	0	0
Pilot in Command (PIC)	4200	290	4200		45					
Time as Instructor	NA									
This Make/Model	NA									
Last 90 Days	0	0	0		0					
Last 30 Days	0	0	0		0					
Last 24 Hours	0	0	0		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: _____ 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	Seat Occupied	Restraint Type	Inflatable Restraints
None Minor Serious	Left Right Center	Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown
Pilot Certificate(s) (Check all that apply) None Private Student Flight Instructor Recreational Sport Commercial Airline Transport Flight Engineer US Military Foreign		Medical Certificate Validity Without limitations/waivers With limitations/waivers Special Issuance Unknown N/A	
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	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: _____
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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) _____ _____ _____
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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 Center Right	Front Rear Single Unknown
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer		Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	Left Center Right	Front Rear Single Unknown
Middle Initial: _____	State: _____ ZIP: _____		None Minor Serious Fatal Unknown
Last Name: _____	Country: _____		
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer		Restraint Type: Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Dawn</u> City: <u>Edmond</u> Middle Initial: _____ State: <u>OK</u> ZIP: <u>73005</u> Last Name: <u>Thurman</u> Country: <u>US</u> Crew <u>Passenger</u> Other	<u>Center</u> Right Unknown Row: _____	<u>None</u> Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only <u>3-point</u> 3-point 4-point 4-point 5-point 5-point Unknown Unknown	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	<u>59</u> 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 None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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 None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown 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>Pasture Runway</u> City: <u>Guthrie</u> State: <u>OK</u> Country: <u>US</u>	Time of Departure Time: <u>12:00</u> Time Zone: <u>CEST</u>	Destination Airport ID: <u>Pasture & Return</u> City: <u>Guthrie</u> State: <u>OK</u> Country: <u>US</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
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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: <u>0</u> ft msl
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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
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Weather Observation Facility

Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
--

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

☐ Dawn
☒ Day
☐ Dusk
☐ Night
☐ Dark Night
☐ Bright Night
☐ Unknown

Sky/Lowest Cloud Condition

☒ Clear
☐ Thin Broken
☐ Thin Overcast
☐ Partial Obscuration
☐ Scattered

Ceiling

☒ None (Clear)
☐ Broken
☐ Overcast
☐ Obscured
☐ Indefinite
☐ Unknown

Temperature: _____ (C) or 74 (F)

Dew Point: _____ (C) or UN (F)

Altimeter Setting: 29.92 in. Hg
or _____ MB

Lowest Cloud Condition Height

ft agl

Ceiling Height

ft agl

Wind Direction

Variable

-or-
 Direction: N degrees true

Wind Speed

☒ Calm
☐ Light and Variable

Speed: _____ kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: _____ kts

Visibility unlimited miles 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 1000 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:

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)

the front turtle deck was pushed in and broken, the windshield was busted, Aircraft settled upside down, wrecker service destroyed Aircraft pulling it out.

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.

Took off for a short flight Sat the 6th 10AM. Flew to lake Carl Blackwell to see if the lake was busy or not for possible boating later.

water was perfect so I decided to set down on the water. landing was uneventful until I chopped power when the aircraft settled in the gear which I did not raise, caught the water pulling the nose down into the water and it tipped forward then settled upside down. boat's pickup up and took to shore.

RECOMMENDATION (How could this accident/incident have been prevented?)									
Operator/Owner Safety Recommendation my mother died the week before I should not have gone flying while so distracted?									
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 INFORMATION									
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 4 Gallons	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Fuel Type</th> <th style="text-align: left; border-bottom: 1px solid black;">Jet B</th> <th style="text-align: left; border-bottom: 1px solid black;">Other, specify</th> </tr> <tr> <td style="font-size: 0.8em;"> 80/87 115/145 100 Low Lead Jet A 100/130 Jet A-1 </td> <td style="font-size: 0.8em;"> JP8 Automotive </td> <td style="font-size: 1.2em; vertical-align: middle;"> premium unleaded Auto fuel </td> </tr> </table>			Fuel Type	Jet B	Other, specify	80/87 115/145 100 Low Lead Jet A 100/130 Jet A-1	JP8 Automotive	premium unleaded Auto fuel
Fuel Type	Jet B	Other, specify							
80/87 115/145 100 Low Lead Jet A 100/130 Jet A-1	JP8 Automotive	premium unleaded Auto fuel							
Other Services, if Any, Prior to Departure no									
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 2 occupants, both released Belts and Swan Right Out.									
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)									
Aircraft Registration Number N987X	Manufacturer: Cessna Model: 441	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

07/18/2024
mm/dd/yyyy

Name of Pilot/Operator: Matthew F Lamb

Signature: [Redacted]

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: [Redacted]

Title: [Redacted]

Signature: [Redacted]

- or -

Check here to electronically sign this document

FOR NTSB USE ONLYNTSB Accident/Incident No.
CEN24LA258Reviewed by NTSB Regional Office
CENTRALName of Investigator
ZANE BROWNDate Report Received
09/03/2024