

From: John Smith [REDACTED]
Subject: John D. Smith N69311
Date: Sep 18, 2024 at 1:03:10 PM
To: [REDACTED]

On September 10, 2024 at 10:00AM I departed KJHN for a one hour flight to Amarillo Texas for dental appointment. Destination was KTDW Tradewind airport. I got on flight following with Kansas City Center when I got to 7500 ft. cruising altitude. Was switched to Albuquerque Center then 30 miles out to Amarillo Approach. They were very busy the closer I got to KTDW. I began my decent to 4700 ft. pattern altitude and finally had chance to tell approach I had Tradewind in sight but only couple miles out and when I changed to airport frequency there were couple of other planes in pattern but behind me. I didn't do my checklist for some reason then on half mile final a pickup truck pulled up to cross runway so that got my attention. Another distraction but still my fault for not checking everything! Was about 11:00AM when everything stopped!

Sent from my iPad

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location <u>Trade-wind Airport</u> Nearest City/Place: <u>Amarillo KTDW</u> State: <u>TX</u> ZIP: <u>79118</u> Country: <u>U.S.A</u> Latitude: <u>35.17°N</u> Longitude: <u>101.83°W</u> (Enter in decimal degrees or degrees, minutes, seconds)		Accident/Incident Date/Time Date: <u>09/10/2024</u> Local Time: <u>11:00 AM</u> mm/dd/yyyy Time Zone: <u>Central</u> Collision with Other Aircraft: Midair On-ground <u>None</u>	
--	--	--	--

AIRCRAFT INFORMATION

Registration Number: <u>N6931T</u> Manufacturer: <u>Beechcraft</u> Model: <u>Bonanza A36</u> Serial Number: <u>E2167</u> Year of Manufacture: <u>1984</u> Amateur-Built: Yes ☐ No ☒ If Yes: Original Design Kit/Plans Make: _____		IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft Maximum Gross Weight: <u>3833</u> lbs. Weight at Time of Accident/Incident: <u>2944</u> lbs. Number of Seats: <u>6</u> Flight Crew Seats: _____ Cabin Crew Seats: <u>1</u> Passenger Seats: <u>4</u> Number of Engines: <u>1</u>	
Category of Aircraft (Select one) ☒ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift ☐ Rocket ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Special ☐ Normal ☒ Restricted Aerobatic Balloon Commuter Transport Utility 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 ☒ High Skid Tricycle Skid Tailwheel Ski/Wheel Emergency Float Hull Float Ski Amphibian Other Launch/Recovery System None Unknown	Engine Type (Select one) Reciprocating ☒ Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet None Turbo Fan Unknown Electric Fuel System Type (Reciprocating) Carburetor Fuel Injected ☒

Engine	Engine Manufacturer	Engine Model/Series	Engine 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	Continental	I0550-B	675058	04/15/1984	300hp	2841.5	8	968.4
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour AAIP Annual ☒ Continuous Airworthiness Condition Inspection Unknown Date of Last Inspection: <u>11/26/2023</u> mm/dd/yyyy Airframe Total Time: <u>2841.5</u> hrs Hours measured at (Select one) Last Inspection ☒ Time of Accident/Incident		Additional Equipment ☒ ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator ☒ Autopilot ☒ Autopilot/FMS, Model <u>Garmin 550</u> ☐ Coupled Flight Director ☐ Data Recorder ☒ Device Stall Warning System ☐ Electronic Flight Bag or Handheld Device ☐ Electronic Multifunction Display ☒ Electronic Primary Flight Display ☐ Flight Management System ☐ Handheld GPS ☐ Heads Up Display ☐ Night Vision Goggles ☒ Onboard Weather ☐ Primary Flight Display ☐ SAS, Axis (circle one): 2, 3, 4, Model: _____ ☐ Satellite Tracking Device ☒ Stall Warning System ☐ Video Recording Device ☐ Wire Strike Detection ☐ Wire Strike Protection ☐ Other, Specify: _____	
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: _____		ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ArTex</u> Model or Part No.: <u>8102</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 ☒ If not activated: Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown	
		Propeller 1 Fixed Pitch Controllable Pitch ☒ Ground Adjustable Manufacturer: <u>McCaulley</u> Model: <u>D3A32C409</u> Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☒ 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: John

City of Residence: Johnson

Middle Initial: D.

State: KS

ZIP: 67855-0526

Last Name: Smith

Country: USA

Age at time of Accident/Incident: 73

Date of Birth: mm/dd/yyyy

Certificate Number: 1

Degree of Injury

☒ None
☐ Unknown
☐ Minor
☐ Serious
☐ Fatal

Seat Occupied

☒ Left
☐ Right
☐ Center
☐ Front
☐ Rear
☐ Single
☐ Unknown

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
☐ US Military
☐ Airline Transport
☐ Student
☐ Flight Instructor
☒ Private
☐ Foreign
☐ Flight Engineer
☐ Commercial
☐ Recreational
☐ Sport

☐ Supplemental. Restraint type: _____

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown
Farmer

Medical Certificate

☐ None
☐ Class 1
☐ Class 2
☒ Class 3
☐ Driver's License (Sport Pilot only)
☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Special Issuance
☐ Unknown
☒ N/A

Date of Last Medical

02/01/2024
mm/dd/yyyy

Medical Certificate Limitations

corrective lenses

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit
☐ Helmet
☐ Laser protective visor/glasses
☐ Personal locator beacon(s) (PLB)
☐ Fire resistant gloves
☐ Helmet visor
☐ Night vision goggles
☐ Personal flotation
☐ Other: _____

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

04/13/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Beechcraft

Model: Bonanza A36

Airplane Rating(s) (Check all that apply)

☒ 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 Multiengine
☐ Gyroplane
☐ Powered lift

☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						Actual	Simulated					
Total Time	1523.2	825.2										
Pilot in Command (PIC)	1523.2	825.2										
Time as Instructor												
This Make/Model												
Last 90 Days	22.5	22.5										
Last 30 Days	12	12										
Last 24 Hours	1	1										

NA

"FLIGHT CREWMEMBER 2" INFORMATION

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

☐ Captain ☐ First Officer ☐ 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 Serious Unknown Fatal Minor		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 ☐ Sport ☐ Student ☐ Flight Engineer				☐ Supplemental Restraint type: _____		
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 Limitations		

Personal Flight Equipment (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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) 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 Multiengine Gyroplane Powered lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
---	--	---	--	---

Type Ratings and Applicable Logbook Endorsements

Student Endorsements (Include dates)

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

NA

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)						
Additional Crewmember Information			Seat Occupied		Injury	
First Name: _____ City of Residence: _____			Left Center Right Front		None Minor Serious Fatal Unknown	
Middle Initial: _____ State: _____ Zip: _____			Rear Single Unknown			
Last Name: _____ Country: _____						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____						
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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____		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.			
Additional Crewmember Information			Seat Occupied		Injury	
First Name: _____ City of Residence: _____			☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Middle Initial: _____ State: _____ Zip: _____						
Last Name: _____ Country: _____						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____						
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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____		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.)						
Number of Passengers: _____						
Passenger Information		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: _____ Zip: _____				Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Last name: _____ Country: _____						
☐ Crew ☐ Passenger ☐ Other						
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____						
Age ☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Field ☐ Unknown						

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/goggles ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KJHN</u> City: <u>Johnson</u> State: <u>KS</u> Country: <u>USA</u>	Time of Departure Time: <u>10:00 AM</u> Time Zone: <u>CDT</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>KTDW</u> City: <u>Amarillo</u> State: <u>Texas</u> Country: <u>USA</u>	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown
---	--	--	--	---

Type of ATC Clearance/Service (Check all that apply)				☐ None	
☐ Certificate of Authorization ☒ VFR		☐ Special VFR ☐ IFR		☐ Special IFR ☐ VFR On Top	
		☒ VFR Flight Following		☐ Cruise ☐ Unknown / NA	
		☐ Traffic Advisory			

Type of ATC Clearance/Service (Check all that apply)				Altitude of In-Flight Occurrence:	
☐ 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		_____ ft. MSL	

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 ☐ Electronic Flight Bag Application ☒ On-Board Weather		☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	
		Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	

Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height _____ ft. AGL		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial ☐ Obscured ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		Ceiling Height _____ ft. AGL	
				Temperature: _____ (°C) or <u>85</u> (°F) Dewpoint: _____ (°C) or _____ (°F)	

Altimeter Setting: _____ Hg or _____ mb		Wind Direction ☐ Variable or Direction: <u>230</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable or Speed: <u>12</u> kts	
		Wind Gusts ☒ Not Gusting or Speed: _____ kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft.	

Type of Precipitation (Check all that apply)				Restriction to Visibility (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	
				☒ 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		Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown	
				Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	
				Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown	

Turbulence (Check all that apply) Type ☒ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence		Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme	
---	--	---	--

NOTAMS (D and FDC), AIRMETs, SIGMETs, FIREPs 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
☐ Fire at Unknown Time
☐ Unknown

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

Propellor - Engine - Flaps - Front gear doors - belly
don't know if runway was 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 location, services obtained, and intended destination. Provide as much detail as possible.

Attached

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

Avoid distractions and fly airplane
checklist

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a 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)

_____ 68 _____ Gallons

Fuel Type

☒ 100 Low Lead
☐ Automotive

☐ Jet A
☐ Jet A-1

☐ Unleaded AV
☐ Other, specify _____

Other Services, if any, prior to departure:

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:

I was only occupant, opened door and exited

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

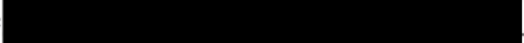
Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Additional space for answers to any question.)

By signing this form, I am consenting to the public release of the information provided herein.			
Date of this report: <u>09/18/2024</u> mm/dd/yyyy		Name of Pilot/Operator: <u>John D. Smith</u> Signature:  -or- ☐ Check here to electronically sign this document	
If a person other than Pilot/Operator is filing this report Name: _____ Title: _____ Signature: _____ -or- ☐ Check here to electronically sign this document			
FOR NTSB USE ONLY			
NTSB Accident/Incident No. CEN24LA348	Reviewed by NTSB AS Division CEN	Name of Investigator RUTT	Date Report Received 9/27/2024