

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**Nearest City/Place: Shreveport Downtown Airport State: La.ZIP: 71107 Country: USALatitude: 32-32-26.9580 N Longitude: 093-44-37.8070 W

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

Accident/Incident Date/TimeDate: 10/16/24 Local Time: 1700
mm/dd/yyyyTime Zone: CentralCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N4203AManufacturer: BeechcraftModel: B58Serial Number: TH-22Year of Manufacture: 1970Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Original Design ☐ Kit/Plans

Make: _____

☒ FR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 5400 lbs.Weight at Time of Accident/Incident: 4700 lbs.Number of Seats: 6 Flight Crew Seats: 2Cabin Crew Seats: 2 Passenger Seats: 4Number of Engines: 2**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**

- ☒ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

☐ Certificate of Authorization or Waiver (COA)
☐ None**Special**

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport

☐ Unknown**Landing Gear**

(Check all that apply)

- ☒ Retractable
☐ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ 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	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	IO-520	287208R	02/1990	285	3600	124	2230
Eng. 2	Continental	IO-520	126830-70C	Unknown	285	NA	124	124
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour
☐ AAIP
☒ Annual
☐ Continuous Airworthiness
☐ Condition Inspection
☐ Unknown

Date of Last Inspection: 01/17/2024
mm/dd/yyyyAirframe Total Time: 5338 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: Handheld Halon

Additional Equipment

- ☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☒ Autopilot
☐ Autopilot/FMS, Model: _____
☐ 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: _____

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: AeraskingsModel or Part No.: AK450TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown**Propeller 1**

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: HartzelModel: PHC-53YF-2UF**Propeller 2**

- ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: HartzelModel: PHC-53YF-2UF

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Gulf States Air</u> Fractional Ownership Aircraft: ☐ Yes ☒ No City: <u>Bossier City</u> State: <u>La</u> ZIP: <u>70112</u> Country: <u>USA</u>			
Operator of Aircraft ☒ The Operator is also the Registered Owner ☐ Same address as Registered Owner Name: <u>Stacy H. McHalfey</u> Doing Business As: _____ City: <u>Bossier</u> State: <u>La</u> Air Carrier/Operator Designator (4-character code): _____ ZIP: <u>70112</u> Country: <u>USA</u>			
Operating Certificates Held <i>(Check all that apply)</i> ☒ 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 450 ☐ FAR 91 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ 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 ☐ Unknown	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: <u>Shreveport Downtown Airport</u> Airport Identifier: <u>KDTN</u> Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: <u>0</u> sm. Direction From Airport: <u>050</u> degrees true Airport Elevation: <u>189</u> ft. MSL	
Runway Information Runway ID: <u>05</u> Length: <u>4198</u> ft. Width: <u>75</u> ft.		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ 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 <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ ☐ Aborted Landing (after touchdown) ☐ ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ Unknown ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling		VFR Approach <i>(Check all that apply)</i> ☐ None ☒ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go Simulated ☐ Valley/Terrain Following ☐ Forced Landing Forced ☐ Go Around ☐ Landing Precautionary ☐ Full Stop ☐ Landing ☐ ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																																					
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"Flight Crewmember 1" Identification First Name: <u>Stacy</u> Middle Initial: <u>H</u> Last Name: <u>McHaffey</u> Age at time of Accident/Incident: <u>64</u>						City of Residence: <u>Bassett</u> State: <u>La.</u> ZIP: <u>71112</u> Country: <u>USA</u> Date of Birth: [REDACTED] (mm/dd/yyyy) Certificate Number: [REDACTED]																																																																																																															
Degree of Injury ☐ None ☐ Serious ☐ Unknown ☐ Fatal ☐ Minor		Seat Occupied ☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single		Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☒ Lap only</td> <td>☒ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>				Available	Used	☐ None	☐ None	☒ Lap only	☒ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																															
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"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No																																																																																																																						
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ Age at time of Accident/Incident: _____						City of Residence: _____ State: _____ ZIP: _____ Country: _____ 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 <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☐ 3-point</td> <td>☐ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>				Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☐ 3-point	☐ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																																
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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 ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport																																																																																																																
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information.)						
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)			Restraint Type		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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 ☐ Supplemental. Restraint type: _____	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs.		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
☐ Yes ☐ No						
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)			Restraint Type		Inflatable Restraints	
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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 ☐ Supplemental. Restraint type: _____	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs.		☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
☐ Yes ☐ No						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet, if necessary.)						
Number of Passengers <u>1</u>						
Passenger Information		Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>Bobby</u> City: <u>Shreveport</u>		☐ Left ☐ Center ☒ Right ☐ Unknown Row: <u>3</u>	☒ 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 ☐ Supplemental. Restraint type: _____	☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Middle Initial: _____ State: <u>La</u> Zip: <u>71105</u>						
Last name: <u>Gilligan</u> Country: <u>USA</u>						
☐ 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: _____						

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/glasses ☐ 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/glasses ☐ 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/glasses ☐ 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>KNEW</u> City: <u>New Orleans</u> State: <u>La</u> Country: <u>USA</u>	Time of Departure Time: <u>15:30</u> Time Zone: <u>C</u>	Flight Information Flight Number: _____ Operating as Flight _____	Destination Airport ID: <u>KATN</u> City: <u>Shreveport</u> State: <u>La</u> Country: <u>USA</u>	Type Flight Plan Filed ☐ None ☐ VFR/IFR ☐ Company ☐ IFR VFR ☐ Unknown ☐ Military VFR ☒ VFR Activated? ☐ Yes ☒ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply) ☐ Certificate of Authorization ☒ VFR ☐ Special VFR ☐ IFR ☐ None		☐ Special IFR ☐ VFR On Top ☐ Traffic Advisory ☒ VFR Flight Following ☐ Cruise ☐ Unknown / NA	
Type of ATC Clearance/Service (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 ☐ Electronic Flight Bag/Application: ☐ On-Board Weather		Weather Observation Facility Facility ID: <u>KDTM</u> Observation Time: <u>1700 App.</u> Time Zone: <u>Central</u> Distance from Accident Site: <u>a few hundred</u> ft. Direction from Accident Site: <u>NA</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height <u>None/clear</u> _____ ft. AGL	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown		Ceiling Height _____ ft. AGL	
Altimeter Setting: <u>30.31</u> Hg or _____ mb		Wind Direction ☐ Variable Direction: <u>040</u> degrees true	
Wind Speed ☐ Calm ☐ Light and Variable Speed: <u>9</u> kts		Wind Gusts ☒ Not Gusting or Speed: _____ kts	
Visibility <u>unlimited</u> miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft.		Temperature: _____ (°C) or <u>81</u> (°F) Dewpoint: _____ (°C) or <u>51</u> (°F)	
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		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 Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☐ Minor ☐ Destroyed
☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

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

Typical Damage Due to a gear up landing - prop stroke & Belly skin
Damage - Inboard Gear Doors & Flaps

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.

The return flight from New Orleans was routine with good weather, as normal a flight as one could hope for. Approaching the Shreveport Downtown airport was also very routine with only the normal radio calls associated with a flight as this. I have run this last segment of the flight through my mind a hundred times trying to figure out how - after thousands of flights this could happen. My routine is to have the aircraft slowed to 150 knots at about 5 miles out at which point I would lower approach flaps to help the aircraft slow further so as not to put additional stress on the landing gear. Even though the app. flap speed + gear speed are both 152 knots, once turning final I try to have the aircraft slowed below 120 knots with the gear down & then lower final flaps, and this is what I did except for reason still unknown to me missed the lowering of

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

To treat every flight with the same attention as all others, not to let any other distractions get in the way of the duties of flying the plane without letting complacency or over confidence seep into each pilots mind and although one has made thousands of flights it only takes but a second to miss one of the ~~most~~ most critical parts of every flight. I have run the sequence of events through my mind hundreds of times and still cannot understand how I missed something so basic & critical and still can't come up with why or how this was allowed to happen - But I will, for by my efforts to avoid this situation again. Stay with it!

I am committed to not letting anything like this occur with the 3-5 years of my flying career - and never think it can't happen to you - Stacy M. H. H.

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 Avionics5608 HoursN/A Cycles

Time Since This Part Inspected/Overhauled

N/A Hours**FUEL & SERVICES INFORMATION**

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

110 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 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:

Through the normal Exit Doors as per normal
 (Primary)

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft:

☐ Destroyed
☐ Substantial

☐ Minor
☐ None

Model: _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

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:

10/21/2024
mm/dd/yyyy

Name of Pilot/Operator:

Stacy H. Melick (FAA)

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.

CEN25LA017

Reviewed by NTSB AS Division

Central Region

Name of Investigator

T. Sorensen

Date Report Received

October 24, 2024