

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

Accident/Incident Location Nearest City/Place: <u>Knoxville</u> State: <u>TN</u> ZIP: <u>37920</u> Country: <u>USA</u> Latitude: <u>35.59.42.8</u> Longitude: <u>83.52.25</u> (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>10/07/2015</u> Local Time: <u>0540 approx</u> mm/dd/yyyy Time Zone: <u>Eastern</u>	
Collision with Other Aircraft:		Midair	On-ground
		None	

Registration Number: N449CT
 Manufacturer: Beechcraft
 Model: BE-35 (S-35)
 Serial Number: D-7912
 Year of Manufacture: 1965
 Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____
 No ☒ Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 3550 lbs
 Weight at Time of Accident/Incident: 3268 lbs
 Number of Seats: 4 Flight Crew Seats: 1
 Cabin Crew Seats: 0 Passenger Seats: 3
 Number of Engines: 1

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	Liquid Rocket
Blimp/Dirigible	Aerobatic	Limited	Tailwheel	Turbo Shaft
Glider	Balloon	Provisional	Amphibian	Turbo Prop
Gyroplane	Commuter	Special Flight	Emergency Float	Turbo Jet
Helicopter	Transport	Experimental	Float	Turbo Fan
Powered Lift	Utility	Special Light-Sport	Hull	Electric
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/Serial	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	Continental	T0550 B88B	1004366	5/19/2011	300	416.7	50.1	—
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection <u>Annual</u> Unknown	Propeller 1 ☒ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 ☒ Fixed Pitch ☒ Controllable Pitch ☐ Ground Adjustable Manufacturer: _____ Model: _____
Date Last Inspection: _____ mm/dd/yyyy Airframe Total Time: _____ hrs hours measured at (Select one) Last Inspection Time of Accident/Incident	ELT Installed: ☒ Yes No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz)	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: _____
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? ☒ 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	
Description of Fire Extinguishing System <u>None</u> Specify: _____		

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Christopher A. LANDESS</u> Fractional Ownership Aircraft: Yes ☐ No ☒		City: <u>Knoxville</u> State: <u>TN</u> ZIP: <u>37922</u> Country: <u>United States</u>	
Operator of Aircraft Name: <u>Same As Registered Owner</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<u>Same Address as Registered Owner</u> City: _____ State: _____ ZIP: _____ Country: _____	
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 <u>FAR 91</u> 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 <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> <u>N/A</u> Scheduled or Commuter Non-Scheduled or Air Taxi Domestic International Passenger Cargo Mail Contract Only	
Revenue Sightseeing Flight Yes ☐ No ☒		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow <u>Business</u> Executive/Corporate External Load Ferry Firefighting Flight Test Glider Tow Instructional Other Work Use <u>Personal</u> Positioning Skydiving Unknown	
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>Downtown Island Airport</u> Airport Identifier: <u>KDRX</u> Proximity to Airport: <u>Off Airport/Airstrip</u> On Airport/Airstrip N/A Distance From Airport Center: <u>≈ 2</u> sm Direction From Airport: <u>≈ 80</u> degrees true Airport Elevation: <u>830</u> ft. msl	
Runway Information Runway ID: <u>08/26</u> (L/R/C) Length: <u>3499</u> ft Width: <u>75</u> ft		Runway/Landing Surface <i>(Check all that apply)</i> <u>Asphalt</u> Grass/Turf Macadam Water Concrete Gravel Metal/Wood Unknown Dirt Ice Snow	
Condition of Runway/Landing Surface <i>(Check all that apply)</i> <u>Dry</u> Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Unknown Slush-Covered Vegetation		Approach/Departure Segment <i>(Select one)</i> <u>Taxi</u> <u>VFR Departure</u> On Instrument Approach Downwind <u>Takeoff</u> IFR Departure Procedure/Clearance Landing Base Low Approach <u>Initial Climb</u> Final Aborted Landing (after touchdown) Crosswind Unknown	
IFR Approach <i>(Check all that apply)</i> <u>N/A</u> None ADF/NDB SDF VOR/TVOR VORDME TACAN PAR Sidestep ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Unknown		VFR Approach <i>(Check all that apply)</i> <u>N/A</u> None Traffic Pattern Straight-In Valley/Terrain Following Go Around Full Stop Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew
"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Christopher A. LANDESS City of Residence: Knoxville
 Middle Initial: A. State: TN ZIP: 37922
 Last Name: LANDESS Country: United States
 Age at time of Accident/Incident: 51 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious ☒	Seat Occupied Left ☒ Front ☐ 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 ☐ Medical Certificate ☒ Class 3 Other ☒ Class 1 Driver's License (Sport Pilot only) Unknown ☐ Class 2 Unknown	Medical Certificate Validity Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☒ N/A ☐ Special Issuance ☒		Date of Last Medical <u>10/23/2014</u> mm/dd/yyyy

Medical Certificate Limitations must wear corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm/dd/yyyy
Flight Review Aircraft
 Make: Boeing
 Model: 737

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)

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	300.7	190	299.7	1.0	12.9	32.4	26.2	—	—	—
Pilot in Command (PIC)	259.6	190	259.6	—	9.9	32.3	23.2	—	—	—
Time as Instructor	—	—	—	—	—	—	—	—	—	—
This Make/Model					6.5	32.3	23.2			
Last 90 Days	29.5	29.5	29.5	—	2.2	8.9	0	—	—	—
Last 30 Days	6.8	6.8	6.8	—	1.4	0.6	0	—	—	—
Last 24 Hours	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 NA																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ 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 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) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical mm/dd/yyyy																																																																																												
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			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) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea			Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift			Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift		Student Endorsements <i>(Include dates)</i> 																																																																																									
Type Ratings 					Student Endorsements <i>(Include dates)</i> 																																																																																															
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 10%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make & Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 10%;">Night</th> <th colspan="2" style="width: 15%;">Instrument</th> <th rowspan="2" style="width: 10%;">Rotorcraft</th> <th rowspan="2" style="width: 10%;">Glider</th> <th rowspan="2" style="width: 10%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr><td>Total Time</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Pilot in Command (PIC)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Time as Instructor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>This Make/Model</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 90 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 30 Days</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last 24 Hours</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>											Flight Time <i>(Enter appropriate number of hours in each box)</i>	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										
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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>Jeff</u> City: <u>Knoxville</u>	Left Center <u>Right</u> Unknown Row: _____	None Minor <u>Serious</u> Fatal Unknown	Available	Used	<u>Not Installed</u> Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: <u>TN</u> ZIP: <u>37932</u>			None	None		
Last Name: <u>Williams</u> Country: <u>United States</u>			Lap Only	<u>Lap Only</u>		
Crew <u>Passenger</u> Other _____			3-point	3-point		
			<u>5-point</u>	4-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		
			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		
			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		
			Unknown	Unknown		

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KDKX</u> City: <u>Knoxville,</u> State: <u>TN</u> Country: <u>United States</u>		Time of Departure Time: <u>0530</u> Time Zone: <u>Eastern</u>		Destination Airport ID: <u>KMOR</u> City: <u>Morristown</u> State: <u>TN</u> Country: <u>United States</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 VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D ☒ Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93 Special Air Traffic Control Area Unknown Altitude of In-Flight Occurrence: <u>200 ft</u> <u>Unknown / Approx</u> ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☒ Flight Service Station ☒ TV/Radio ☒ Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military ☒ Internet None Unknown			Weather Observation Facility Facility ID: _____ 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 ☐ Few ☐ Partial Obscuration ☐ Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl		
Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB		Wind Direction Variable -or- Direction: _____ degrees true		
Wind Speed ☒ Calm Light and Variable -or- Speed: _____ kts		Wind Gusts Not Gusting -or- Speed: _____ kts		
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		Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
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: 				

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)

I saw the aircraft for a few minutes after the crash. It appeared as though the Right Wing was folded under the aircraft, the tip of the (R) stabilizer fin was crumpled, and there was heavy damage to the nose & propellers. The Cabin structure and (L) Wing appeared to be largely intact.

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.

0505 I arrived at KDKX for preflight checks as usual, these were conducted without incident, or remarkable findings.

A little before 0530 we boarded the aircraft and fastened seatbelts. I gave my briefing to my passenger.

I started the aircraft and inserted my updated data cards. All was looking good. I began to taxi to the departure ramp area for RWY 08, and looked at AWOs on the way. at one point I recall AWOs saying ceiling 200 ft or something to that effect, which I found to be untrue since I was able to look up at the sky and see stars. This was also not compatible with my weather briefings from the night before or earlier this morning of the crash.

Upon reaching the ramp area I performed the run up sequence, magenta checks and propeller checks without incident. Controls were free and correct. Once my oil temp was acceptable I announced that we were departing runway 08 and taxied to the runway.

I advanced power, all was green, gave the engine full power and took off. Once off the ground and without leaving the runway I raised the gear, checked my climb attitude & trim. This is as far as I can remember.

I am unable to recall further events until/after 0540 on the ground.

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

Operator/Owner Safety Recommendation

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)

74 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

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

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 (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

10/12/2015
mm/dd/yyyyName of Pilot/Operator: Christopher A. Lundess

Signature: _____

-- or --

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.

IERA16LA003

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

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