

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Nashville International Airport State: TN

ZIP: 37217 Country: United States of America

Latitude: 36.1263° N Longitude: 86.86774° W

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

Accident/Incident Date/Time

Date: 08/24/2020 Local Time: 10:15 AM CDST
mm/dd/yyyy

Time Zone: CENTRAL

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N8629M

Manufacturer: Beechcraft

Model: Baron 95-A55

Serial Number: TC-498

Year of Manufacture: 1963

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: _____

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 4880 lbs

Weight at Time of Accident/Incident: 3822 lbs

Number of Seats: 6 Flight Crew Seats: 2

Cabin Crew Seats: _____ Passenger Seats: 4

Number of Engines: 2

Category of Aircraft

- ☒ 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

Special

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

☐ Certificate of Authorization or Waiver (COA)

☐ None

☐ Unknown

Landing Gear

(Check all that apply)

☒ Retractable

- ☒ Tricycle
- ☐ Amphibian
- ☐ Emergency Float
- ☐ Float
- ☐ Hull
- ☐ Tailwheel
- ☐ High Skid
- ☐ Skid
- ☐ Ski
- ☐ Ski/Wheel
- ☐ Other Launch/Recovery System
- ☐ None
- ☐ Unknown

Engine Type (Select one)

- ☒ Reciprocating
- ☐ Turbo Shaft
- ☐ Turbo Prop
- ☐ Turbo Jet
- ☐ Turbo Fan
- ☐ Electric
- ☐ Liquid Rocket
- ☐ Solid Rocket
- ☐ Hybrid Rocket
- ☐ None
- ☐ Unknown

Fuel System Type (Reciprocating)

- ☐ Carburetor
- ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	IO-470-L	454196	OVH11/05	260	455.2	51.3	455.2
Eng. 2	Continental	IO-470-L	CS227580-R	OVH02/02	260	666.3	51.3	666.3
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 11/02/2019
mm/dd/yyyy

Airframe Total Time: 5404.3 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: _____

Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Hartzell

Model: BHC-C2YF-2CHUF

Propeller 2

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: Hartzell

Model: BHC-C2YF-2CHUF

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Narco

Model or Part No.: ELT-10

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

- Indicate Reason:
- ☐ Impact Damage
 - ☐ Fire Damage
 - ☐ Battery Expired/Damaged
 - ☒ Unknown

Additional Equipment (Check all that apply)

- ☒ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☒ Autopilot
- ☐ Data Recorder
- ☒ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Bobby TownsCity: NashvilleFractional Ownership Aircraft: ☐ Yes ☒ NoState: TN ZIP: 37205Country: USA**Operator of Aircraft**☐ Same As Registered Owner☐ Same Address as Registered OwnerName: Nashville Flight School, LLCCity: NashvilleDoing Business As: Nashville Flight TrainingState: TN ZIP: 37217

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

Country: USA**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: Nashville International AirportDistance From Airport Center: 0.15 smAirport Identifier: KBNADirection From Airport: 225 degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 594 ft. msl**Runway Information**Runway ID: 02C (L/R/C) Length: 8001 ft Width: 150 ft**Runway/Landing Surface (Check all that apply)**

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

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy
☐ Rough ☐ Snow-Wet ☐ Wet
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered ☐ Vegetation ☐ Unknown

Approach/Departure Segment (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around
☐ Initial Climb ☐ Aborted Landing (after touchdown)
☐ Crosswind ☐ Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- ☐ None
- ☐ Traffic Pattern ☐ Stop and Go
☒ Straight-In ☐ Touch and Go
☐ Valley/Terrain Following ☐ Simulated Forced Landing
☐ Go Around ☐ Forced Landing
☒ Full Stop ☐ Precautionary Landing
☐ Unknown

“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident

“Flight Crewmember 1” was pilot flying ☒ Yes ☐ No

First Name: Kathleen

City of Residence: **Antioch**

Middle Initial: D

State: **TN** ZIP: **37013**

Last Name: Ongena

Country: Davidson

Age at time of Accident/Incident: 48 Date of Birth: *mm/dd/yyyy*

Certificate Number: [REDACTED]

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			

Principal Occupation	Medical Certificate	Medical Certificate Validity	Date of Last Medical
☐ Pilot ☒ Other ☐ Unknown	☐ None ☐ Class 1 ☒ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown	☐ Without limitations/waivers ☒ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A	<u>10/08/2019</u> <i>mm/dd/yyyy</i>

Must have available glasses for near vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>08/05/2020</u> <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>172</u>
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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 ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
None	

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	307.1	3.1	301.1	3.1	12.1	15	62.8			
Pilot in Command (PIC)	307.1	3.1	301.1	3.1	12.1	15	62.8			
Time as Instructor										
This Make/Model										
Last 90 Days	34	3.1	30.9	3.1						
Last 30 Days	28	3.1	24.9	3.1						
Last 24 Hours	1.2	1.2	0	1.2						

“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: <u>Timothy</u> Middle Initial: <u>J</u> Last Name: <u>Haller</u> City of Residence: <u>Mt. Juliet</u> State: <u>TN</u> ZIP: <u>37122</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>59</u> Date of Birth: [REDACTED] <i>mm/dd/yyyy</i> Certificate Number: [REDACTED]																																																																																																				
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																																																																																													
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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>04/17/2020</u> <i>mm/dd/yyyy</i>																																																																																													
Medical Certificate Limitations Must wear corrective lenses																																																																																																				
Medical Certificate Special Issuance																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>12/23/2019</u> <i>mm/dd/yyyy</i>			Flight Review Aircraft Make: <u>Airbus</u> Model: <u>A320</u>																																																																																																	
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 ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																														
Type Ratings B757, B767, B777, A320, DC9 * = approximate flight time (below)						Student Endorsements <i>(Include dates)</i>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td>22537</td> <td>29.3</td> <td>*1900</td> <td>*19400</td> <td></td> <td></td> <td></td> <td>1220</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>*7200</td> <td>11</td> <td>*1700</td> <td>*4900</td> <td></td> <td></td> <td></td> <td>*600</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1757</td> <td>8</td> <td>1747</td> <td>10</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>125.9</td> <td>4.8</td> <td>63.3</td> <td>4.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>61.8</td> <td>3.4</td> <td>8</td> <td>3.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>2.4</td> <td>2.2</td> <td>0</td> <td>2.2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </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	22537	29.3	*1900	*19400				1220			Pilot in Command (PIC)	*7200	11	*1700	*4900				*600			Time as Instructor	1757	8	1747	10							This Make/Model											Last 90 Days	125.9	4.8	63.3	4.8							Last 30 Days	61.8	3.4	8	3.4							Last 24 Hours	2.4	2.2	0	2.2						
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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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
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: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					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		
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: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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 ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ 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: KXNX

City: Gallatin

State: TN

Country: USA

Time of Departure

Time: 10:03am

Time Zone: CDST

Destination

Airport ID: KBNA

City: Nashville

State: TN

Country: USA

Type Flight Plan Filed

☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFR
 Activated? ☐ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply)

☐ None ☐ Special VFR ☐ Special IFR ☒ VFR Flight Following ☐ Cruise
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☒ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

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 ☐ Company
☐ Flight Service Station ☐ Military
☐ TV/Radio ☐ Internet
☒ Automated Report ☐ None
☐ Commercial Weather Service (DUATS) ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: KBNA

Observation Time: 04:53z

Time Zone: UTC

Distance from Accident Site: 0 nm

Direction from Accident Site: 0 degrees true

Basic Conditions

☒ VMC
☐ IMC
☐ Unknown

Light Condition

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

Sky/Lowest Cloud Condition

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

Lowest Cloud Condition Height

14,400 ft agl

Ceiling

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

Ceiling Height

14,400 ft agl

Temperature: 23 (C) or _____ (F)

Dew Point: 20 (C) or _____ (F)

Altimeter Setting: 30.09 in. Hg
or _____ MB

Wind Direction

☐ Variable

-or-

Direction: 0 degrees true

Wind Speed

☒ Calm
☐ Light and Variable

-or-

Speed: 0 kts

Wind Gusts

☒ Not Gusting

-or-

Speed: _____ kts

Visibility 10 miles

RVR: _____ feet

RVV: _____ miles

Density Altitude: 1509 ft

Intensity of Precipitation

☐ Light
☐ Moderate
☐ Heavy
☒ N/A
☐ Unknown

Type of Precipitation (Check all that apply)

☒ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

☒ None ☐ Fog
☐ Blowing Dust ☐ Ground Fog
☐ Blowing Sand ☐ Haze
☐ Blowing Snow ☐ Ice Fog
☐ Blowing Spray ☐ Smoke
☐ Dust ☐ Unknown

Icing Forecast

Amount
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Icing Actual

Amount
☒ None ☐ N/A
☐ Trace ☐ Rime
☐ Light ☐ Clear
☐ Moderate ☐ Mixed
☐ Severe ☐ Unknown
☐ Unknown

Turbulence

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

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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 ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

Structural damage. Aircraft totaled.

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.

[[[[NARRATIVE ATTACHED]]]]

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

Operator/Owner Safety Recommendation

Operator Recommendation - continued education and training with "GO AROUND" procedures

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)

42 Gallons**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure**

None

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

Standard exit through forward cabin door

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**n/a**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

08/31/2020

mm/dd/yyyy

Name of Pilot/Operator: Robert C Erlanson - Nashville Flight School, LLC

Signature: _____

-- or -- ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA20CA296

Reviewed by NTSB Regional Office

Ashburn, VA

Name of Investigator

Rayner

Date Report Received

9/1/2020

EMERGENCY RESPONSE FORM

Name: Kathleen Ogea

City/State where you live: Antioch TN

Telephone: [REDACTED]

Mobile Phone: [REDACTED]

Were you directly involved in this emergency?

(yes/no): yes

Did you receive any injuries in this emergency?

(yes/no): no

Please describe the emergency: (use the back of this page if necessary):

Coming into land, normal landing
everything was lined up perfect.
We bounced and that is the last
I remember. Before I knew we crashed.

I hereby attest the following account to be true and understand this form may be used by any governmental agency and/or a court of law with regards to this emergency.

Signature: [REDACTED]

Date: 08/24/2020

On a multiengine training flight the Commercial ASEL rated student pilot (3.6 in type BE95-A55 and 3 landings) was at the controls of the aircraft. With the "pre-landing" and "landing checklist" complete, we had been cleared to land on 20C at KBNA. Descending through 500' AGL as part of my "stabilized approach" check, I visually confirmed GUMPS complete with the mixture levers "Rich" and the prop levers full forward "High RPM". During the normal round out / flare for landing on 20C, the aircraft suddenly dropped and landed very hard and bounced back into the air approximately 10 to 15 feet AGL. I took control of the aircraft at this time and applied full throttle and rotated slightly to a Go Around attitude. The engines while running did not develop max thrust and the airplane did not accelerate normally. The aircraft drifted left of the runway, yawed to the left, rolled left and started to settle back to ground. As the roll to the left continued, I became concerned about flight at speeds below Vmc speed and departure of controlled flight so I closed both throttles as I continued to apply right rudder pressure to align the aircraft with the direction of travel. As the aircraft drifted left and settled with the nose starting to rotate back to the right, I believe the left-wing tip touched the ground and helped to level the aircraft as the aircraft touched down slightly nose low and yawed slightly right of the direction of travel. The aircraft came to a stop. I was uninjured and asked the Commercial ASEL rated student pilot if she was ok and she replied yes. Our headsets and glasses had been thrown off during the landing. I put my headset back on as Nashville's tower was calling our N number. I told them that we were alright but to please roll the airport CFR equipment and that I'd be securing the aircraft.

While securing the aircraft ... fuel shut off valves - closed, mixture levers - idle cutoff, throttles - closed. It was then that I noticed that the propeller levers were in the "Feather" detent instead of full forward in the "low pitch" or high RPM position. Then it occurred to me that the rated student pilot had pulled the prop levers to the "Feather" position instead of closing the throttles as the aircraft settled the last 5 to 10 feet for landing. This explained why the aircraft slammed down to a hard landing and bounced back into the air on what seemed to be a very normal round out / flare to landing. It also explains why the engines, while running - did not develop the required thrust and normal aircraft acceleration with full power applied. I continued with the rest of the shut-down. Avionics master - off, Generators - off, Magnetos L & R engines - off, battery switch off.

"Human Performance Considerations"

Reflecting on the round out / flare portion of the flight. My attention and focus were outside of the aircraft and down the runway. Concentrating on height, drift and runway alignment as appropriate. I didn't perceive the rated Commercial ASEL student pilot moving the prop levers to feather as opposed to reducing power to facilitate the landing. With the immediate reduction in thrust from the propellers as they started to move towards feather, the aircraft slammed down and bounced. I guard the throttle quadrant (hand below but near the throttles in the event of a go around). But I would not have perceived wrong lever movement. I was quick to respond to the bad bounce with full throttle on both engines but my attention was outside the aircraft in an attempt to control the aircraft. An additional human factor consideration. The Commercial ASEL rated student had previously flown a Cessna 172RG. The throttle/ prop arrangement working left to right is throttle/ propeller/ mixture. In the BE95-A55 the power lever arrangement is propeller/ throttle/ mixture. This was only the second time the Commercial ASEL rate student pilot operated the BE95-A55 type.