

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: KTVS, Knoxville State: TN

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

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

Accident/Incident Date/Time

Date: 05/18/2020 Local Time: 11:09

mm/dd/yyyy

Time Zone: EDT

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N960V

Manufacturer: Beech

Model: BE 9T

Serial Number: LA-31

Year of Manufacture: 1980

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

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 11,000 lbs

Weight at Time of Accident/Incident: 10,000 lbs

Number of Seats: 7 Flight Crew Seats: 2

Cabin Crew Seats: — Passenger Seats: 5

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 **Special**
Normal Restricted
Aerobatic Limited
Balloon Provisional
Commuter Special Flight
Transport Experimental
Utility Special Light-Sport
Experimental Light-Sport
Certificate of Authorization or Waiver (COA)
None Unknown

Landing Gear

(Check all that apply)
Retractable
Tricycle Tailwheel
Amphibian High Skid
Emergency Float Skid
Float Ski
Hull Ski/Wheel
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/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	<u>Pratt & Whitney</u>	<u>PT-6A-135A</u>	<u>PCE-P20869</u>	<u>12/12/2008</u>	<u>750</u>	<u>1339</u>	<u>—</u>	
Eng. 2	<u>Pratt & Whitney</u>	<u>PT-6A-135A</u>	<u>PCE-P20872</u>	<u>12/12/2008</u>	<u>750</u>	<u>1339</u>	<u>—</u>	
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 11/20/2019

Airframe Total Time: 12,514 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: HARTZEL

Model: HC-D4TN-3D

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)

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

Propeller 2

Fixed Pitch
Controllable Pitch
Ground Adjustable

Manufacturer: HARTZEL

Model: HC-D4TN-3D

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: Empire EquipmentFractional Ownership Aircraft: Yes ☐ No ☒City: Knoxville
State: TN ZIP: 37918
Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: Empire Equipment
Doing Business As: _____

Same Address as Registered Owner

City: Knoxville
State: TN ZIP: 37918
Country: USA

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

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 FlightYes ☐ 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: McGhee Tyson
Airport Identifier: KTVS
Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/ADistance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl**Runway Information**Runway ID: 23L (L/R/C) Length: 9,000 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 Final 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" 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: Raymond City of Residence: Lenoir City
 Middle Initial: B State: TN ZIP: 37972
 Last Name: Morgan Country: USA
 Age at time of Accident/Incident: 65 Date of Birth: [REDACTED] / [REDACTED] / [REDACTED]
 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) (Check all that apply) ☐ None Flight Instructor ☒ Commercial US Military ☐ Private Recreational Airline Transport Foreign ☐ Student Sport Flight Engineer						
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None Class 3 ☐ Class 1 Driver's License (Sport Pilot only) ☒ Class 2 Unknown		Medical Certificate Validity ☒ Without limitations/waivers Unknown ☒ With limitations/waivers N/A ☐ Special Issuance		Date of Last Medical <u>08/07/2019</u> mm/dd/yyyy

Medical Certificate Limitations

corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 08/14/2019
 mm/dd/yyyy

Flight Review Aircraft

Make: Simulator for King Air B200 (Fly Right @ Concord NC)
 Model: BE20

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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non-correct

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	5411	97	2484	2632	~400	~1500			295	
Pilot in Command (PIC)	5100	97	2480	2325	~400	~1500			295	
Time as Instructor (military)				1700					250	
This Make/Model										
Last 90 Days	36	15	14	22	2	5				
Last 30 Days	9	7	40	5	16	2				
Last 24 Hours	4	4		4						

"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 *Safety Pilot*
"Flight Crewmember 2" was pilot flying Yes ☒ No *(Just along for the ride)*

"Flight Crewmember 2" Identification

First Name: Burke City of Residence: Knoxville
Middle Initial: T State: TN ZIP: 37922
Last Name: Speed Country: USA
Age at time of Accident/Incident: 49 Date of Birth: mm/dd/yyyy
Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None
☐ Fatal
☐ Minor
☐ Unknown
☐ Serious

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

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

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

mm/dd/yyyy

Medical Certificate Limitations**Medical Certificate Special Issuance****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

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

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
NONE First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KTYS</u> City: <u>Knoxville</u> State: <u>TN</u> Country: <u>USA</u>	Time of Departure Time: <u>1040</u> Time Zone: <u>EDT</u>	Destination Airport ID: <u>KHXD</u> City: <u>Hilton Head</u> State: <u>SC</u> Country: <u>USA</u>	Type Flight Plan Filed None ☐ VFR/IFR ☒ Company VFR ☐ IFR ☒ Military VFR ☐ Unknown ☐ VFR ☐ Activated? ☒ Yes ☐ No ☐ Unknown
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Type of ATC Clearance/Service (Check all that apply)

None ☐ 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 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 ☒ Fore flight ☐
Automated Report ☒ None ☐
Commercial Weather Service (DUATS) ☐ Unknown ☐
On-Board Weather ☐

Weather Observation Facility

Facility ID: KTYS
Observation Time: 1040
Time Zone: EDT
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ 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 ☐

Ceiling

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

Temperature: _____ (C) or 3 72 (F)

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

Altimeter Setting: 29.95 in. Hg
or _____ MB

Lowest Cloud Condition Height

10,000 ft agl

Ceiling Height

2 10,000 ft agl

Wind Direction

Variable

Wind Speed

Calm ☐
Light and Variable ☐

Wind Gusts

☒ Not Gusting

Visibility 6+ miles

RVR: _____ feet

RVV: _____ miles

Direction: 270 degrees true

Speed: 6-10 kts

Speed: _____ kts

Density Altitude: _____ 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 ☐ Severity ☐
Clear Air ☐ Light ☐
Terrain-Induced ☐ Moderate ☐
Convective Turbulence ☐ Severe ☐
Extreme ☐

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

KTYS - Rwy 23R closed

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)*

Gear collapsed after landing causing damage to underside of aircraft, props, engines, flaps, gear, etc.

NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

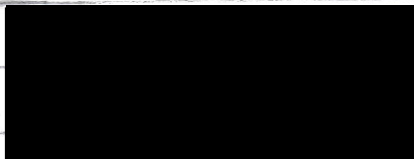
Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

see attached narrative.

5-19-2020

The incident in N960V (BEQT) happened on May 18, 2020. I was on an IFR flight from KTVS to KHXD. After takeoff from TYS, upon gear retraction the red light in the gear handle remained on, indicating an unsafe gear in transit. I returned to the field in the VFR tower pattern. I flew a low approach by the tower, having lowered the gear handle, but the red light was still on with no green lights for safe gear. The tower thought the nose gear looked slanted like it wasn't down and locked. They thought the mains looked fully down. We circled in the VFR pattern for a while as we ran the checklist for unsafe gear. Using the manual gear extension, I pumped the gear down as much as the pressure in the handle would allow. The ~~gear~~ light in the gear handle remained on with no green light indications. We again did a low approach by the tower and the tower saw no change in the look of the gear. I then flew a visual approach with standard flap settings. Shortly after touchdown, ^{all} the gear began to collapse. I shut the engines down as soon as I realized the gear was collapsing. The aircraft settled to the ground and skidded to a stop just off the runway on an intersecting taxiway. I shut the battery &

generators off and we exited the plane
at the standard door. There were no
injuries to me or the other person on board.



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.)

Parts to be determined
Gear stalled in transit and would not retract or extend

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

350

Gallons

Fuel Type

80/87
100 Low Lead
100/130115/145
☒ Jet A
Jet A-1Jet B
JP8
Automotive

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

Both occupants exited the standard entry door at aft left side
of aircraft

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

Aircraft Registration Number

Manufacturer: _____

Damage to Other Aircraft

Model: _____

Destroyed _____ Minor _____
Substantial _____ None _____

Registered Owner of Other Aircraft

Pilot of Other Aircraft

Name: _____

Name: _____

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Country: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

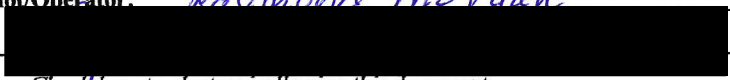
Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

05/21/2020
mm/dd/yyyy

Name of Pilot/Operator: Raymond Moran

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.

ERA20LA192

Reviewed by NTSB Regional Office

Eastern Region

Name of Investigator

A. McCarter

Date Report Received

05-21-2020