

BASIC INFORMATION								
Accident/Incident Location Nearest City/Place: <u>BAXLEY</u> State: <u>GA</u> ZIP: <u>31513</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees minutes seconds)		Accident/Incident Date/Time Date: <u>10/25/2020</u> Local Time: <u>1:00 PM</u> mm dd/yyyy Time Zone: <u>EDT</u>						
		Collision with Other Aircraft: Aerial ☐ On-ground ☒						
AIRCRAFT INFORMATION								
Registration Number: <u>N720JL</u> Manufacturer: <u>Cessna</u> Model: <u>TRAVELER A/S</u> Serial Number: <u>AAS-0376</u> Year of Manufacture: <u>1973</u> Amateur-Built: Yes ☒ If Yes: Kit Plans Make _____ Original Design _____		IFB Equipped and Certified Commercial Space Flight _____ Unmanned Aircraft _____ Maximum Gross Weight: <u>2200</u> lbs Weight at Time of Accident/Incident: _____ lbs Number of Seats: <u>4</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>2</u>						
Category of Aircraft <u>Single-engine</u> Biplane High Wing Durable Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Special _____ Restricted Limited Provisional Commuter Special Flight Experimental Utility Special Light-Sport Experimental Light-Sport Certificate of Authorization or Waiver (C1A) _____ None Unknown	Landing Gear (Check all that apply) Retractable _____ <u>Tricycle</u> Amphibian Emergency Float Float Hull Other Launch Recovery System _____ None Unknown	Engine Type (Select one) <u>Piston</u> Liquid Rocket Solid Rocket Hybrid Rocket None Unknown Fuel System Type (Representative) <u>Carburetor</u> 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)	Time Since Overhaul (Hours)
Eng. 1	<u>O-320-A26</u>	<u>L-31728-7A</u>	<u>KOSNUR</u>	<u>04/11/11</u>	<u>160</u>	<u>570</u>	<u>3</u>	<u>570</u>
Eng. 2								
Eng. 3								
Eng. 4								
Last Inspection Type <u>Annual</u> Continuous Airworthiness Conditional Inspection Unknown		Propeller 1 <u>Fixed Pitch</u> Controllable Pitch Ground Adjustable Manufacturer: <u>MCCABRY Prop</u> Model: <u>LC172/P.T.M.</u>		Propeller 2 <u>Fixed Pitch</u> Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____				
Date Last Inspection: <u>10/22/20</u> mm dd/yyyy		ELT Installed: <u>Yes</u> No _____ If Yes: ELT Manufacturer: <u>ALKELT-04</u> Model or Part No.: <u>31221</u> TMO No.: <u>01213 MIB</u> <u>01213 MIB</u> C120 (400 MHz)		Additional Equipment (Check all that apply) <u>On</u> 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 Staff Warning System Video Recording Device Other, Specify: _____				
Airframe Total Time: <u>2059.8</u> hrs hours measured at (Select one) Last inspection Time of Accident/Incident		Was ELT still mounted in aircraft? <u>No</u> Yes _____ Was ELT still connected to antenna? <u>No</u> Yes _____ Did ELT activate? <u>Yes</u> No _____ If activated: Did ELT Aid in Locating Aircraft: Yes <u>No</u> If not activated: Indicate Reason: <u>Impact Damage</u> Fire Damage Battery Expired/Damaged Unknown						
Type of Maintenance Program (Select one) <u>Normal</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuum Airworthiness Other, specify: <u>100HR</u>		Description of Fire Extinguishing System <u>Specify:</u>						

OWNER/OPERATOR INFORMATION																							
Registered Aircraft Owner Name: <u>BAXLEY AVIATION, LLC</u>		City: <u>BAXLEY</u> State: <u>GA</u> ZIP: <u>31513</u> Country: <u>USA</u>																					
Fractional Ownership Aircraft: Yes ☒ No ☐		Operator of Aircraft <i>(Is Registered Owner)</i> Name: <u>BAXLEY AVIATION, LLC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____																					
Operating Certificates Held <i>(Check all that apply)</i> ☒ None ☐ Single Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carrier (FAR 129) ☐ Rotocraft External Load (FAR 130) ☐ 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 103 ☐ FAR 105 ☐ FAR 125 ☐ FAR 129 ☐ FAR 133 ☐ FAR 135 ☐ FAR 137 ☐ FAR 413 ☐ FAR 431 ☐ FAR 435 ☐ 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 Sighting Flight Yes ☒ No ☐		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi </td> <td style="width: 50%; border: none;"> ☐ Domestic ☐ International </td> </tr> </table>		☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi	☐ Domestic ☐ International																		
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Air Medical Flight Yes ☒ No ☐		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race Show ☐ Banner Tow ☐ Business ☐ Executive Corporate ☐ External Load ☐ Ferry </td> <td style="width: 33%; border: none;"> ☐ Firefighting ☐ Flight Test ☒ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving </td> <td style="width: 33%; border: none;"> ☐ Unknown </td> </tr> </table>		☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race Show ☐ Banner Tow ☐ Business ☐ Executive Corporate ☐ External Load ☐ Ferry	☐ Firefighting ☐ Flight Test ☒ Glider Tow ☐ Instructional ☐ Other Work Use ☐ Personal ☐ Positioning ☐ Skydiving	☐ Unknown																	
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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>BAXLEY MUNICIPAL</u> Airport Identifier: <u>KDYL</u> Proximity to Airport: ☒ Off Airport/Arroyo ☐ On Airport/Arroyo ☐ N/A		Distance From Airport Center: <u>1</u> mi Direction From Airport: <u>W</u> degrees true Airport Elevation: <u>701</u> ft. msl																					
Runway Information Runway ID: <u>26</u> (L/R/C) Length: <u>5,003</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Paved ☐ Snow-Compacted ☐ Snow-Created ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☐ Vegetation ☐ Unknown ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet																					
Runway/Landing Surface <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">☐ Asphalt</td> <td style="width: 25%; border: none;">☐ Grass/Turf</td> <td style="width: 25%; border: none;">☐ Macadam</td> <td style="width: 25%; border: none;">☐ Water</td> </tr> <tr> <td style="border: none;">☐ Concrete</td> <td style="border: none;">☐ Gravel</td> <td style="border: none;">☐ Metal/Wood</td> <td style="border: none;">☐ Unknown</td> </tr> <tr> <td style="border: none;">☐ Dirt</td> <td style="border: none;">☐ Ice</td> <td style="border: none;">☐ Sand</td> <td style="border: none;">☐ Unknown</td> </tr> </table>		☐ Asphalt	☐ Grass/Turf	☐ Macadam	☐ Water	☐ Concrete	☐ Gravel	☐ Metal/Wood	☐ Unknown	☐ Dirt	☐ Ice	☐ Sand	☐ Unknown	Approach/Departure Segment <i>(Select one)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"> ☒ Taxi ☐ Visual Climb </td> <td style="width: 25%; border: none;"> ☐ VFR Departure ☐ IFR Departure Procedure Clearance </td> <td style="width: 25%; border: none;"> ☐ On Instrument Approach ☐ Landing </td> <td style="width: 25%; border: none;"> ☐ Downwind ☐ Base ☐ Final ☐ Crosswind </td> </tr> <tr> <td style="border: none;">☐ Low Approach</td> <td style="border: none;">☐ Go Around</td> <td style="border: none;">☐ Aborted Landing (after touchdown)</td> <td style="border: none;">☐ Unknown</td> </tr> </table>		☒ Taxi ☐ Visual Climb	☐ VFR Departure ☐ IFR Departure Procedure Clearance	☐ On Instrument Approach ☐ Landing	☐ Downwind ☐ Base ☐ Final ☐ Crosswind	☐ Low Approach	☐ Go Around	☐ Aborted Landing (after touchdown)	☐ Unknown
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IFR Approach <i>(Check all that apply)</i> ☒ None ☐ ALF/NDH ☐ SDF ☐ VORTVOR ☐ VOR/DME ☐ TACAN ☐ PAR ☐ Sidestep ☐ ILS ☐ Localizer Only ☐ LOC-back course ☐ RNAV ☐ MLS ☐ LDA ☐ ABE ☐ Visual ☐ Contact ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☒ 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																					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage		Aircraft Fire		Aircraft Explosion	
None	Substantial	☒ Both Ground and In-Flight	Both Ground and In-Flight	☒ Both Ground and In-Flight	Both Ground and In-Flight
Minor	Destroyed	In-Flight	Fire at Unknown Time	In-Flight	Explosion at Unknown Time
	<u>Unknown</u>	On Ground	Unknown	On Ground	Unknown

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

PROPSTACK, ENGINE ARMED OFF MOUNTS, SHAPED WINGS, NOSE GEAR RUN OFF, MAINS TORN OFF, FUEL TANK PUNCTURED, LIFTING, SEATS BROKEN.

PAVY PUNCTURES (10-15) DETROYED

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.

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

Operator/Owner Safety Recommendation

UNKNOWN CAUSE

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.)

UNKNOWN

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)

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

Substantial

Minor

None

Registered Owner of Other Aircraft

Name:

City:

State:

Country:

ZIP:

Pilot of Other Aircraft

Name:

City:

State:

Country:

ZIP:

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

10/28/20
mm dd yyyyName of Pilot/Operator: [REDACTED]Signature: [REDACTED]

- or -

CHAMPION CUSTOMER SERVICE (AVIATION)

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.

ERA21LA030

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Brazy

Date Report Received

10/28/20