

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: Fort Lauderdale State: FL
ZIP: 33309 Country: United States of America
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time
Date: 09/03/2021 Local Time: 5:30 PM
Time Zone: Eastern
Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N5987
Manufacturer: Cessna
Model: 150
Serial Number: _____
Year of Manufacture: _____
Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Make: _____
☐ Original Design

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☒ Unmanned Aircraft
Maximum Gross Weight: 1430 lbs
Weight at Time of Accident/Incident: 1390 lbs
Number of Seats: 2 Flight Crew Seats: 2
Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

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 ☐ Unknown
- ☐ None

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/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>Lycoming</u>						
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: 09/02/2021
mm/dd/yyyy

Airframe Total Time: _____ 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: McCawley
Model: _____

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: _____
Model: _____

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: Corey Hajek

Fractional Ownership Aircraft: ☐ Yes ☐ No

Operator of Aircraft

☒ Same As Registered Owner

Name: _____

Doing Business As: _____

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

City: Fort Lauderdale

State: Florida ZIP: _____

Country: United States

☐ Same Address as Registered Owner

City: _____

State: _____ ZIP: _____

Country: _____

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: Fort Lauderdale Executive Airport

Airport Identifier: KFXE

Proximity to Airport: ☐ Off Airport/Airport ☒ On Airport/Airport ☐ N/A

Distance From Airport Center: On Airport sm

Direction From Airport: _____ degrees true

Airport Elevation: 13 ft. msl

Runway Information

Runway ID: 01 (L/R/C) Length: 6,000 ft Width: 100 ft

Runway/Landing Surface (Check all that apply)

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

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 ☐ Unknown
☐ Shrub-Covered ☐ Vegetation

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 ☐ Crosswind ☐ Aborted Landing (after touchdown)
☐ Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

- ☐ None ☐ Stop and Go
☒ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☐ Full Stop ☐ 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: AlexanderCity of Residence: Oakland ParkMiddle Initial: MState: Florida ZIP: 33309Last Name: JarveyCountry: United StatesAge at time of Accident/Incident: 25 Date of Birth: [REDACTED]

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) (Check all that apply)
☐ None
☒ Private
☐ Student
☒ Flight Instructor
☐ Recreational
☐ Sport
☒ Commercial
☐ Airline Transport
☐ Flight Engineer
☐ US Military
☐ Foreign
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
7/29/21
 mm/dd/yyyy
Medical Certificate Limitations**Medical Certificate Special Issuance**
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 05/05/21
 mm/dd/yyyy
Flight Review AircraftMake: C172Model: [REDACTED]**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	400	3	400		20	5	100			
Pilot in Command (PIC)	315	3	315		15	5	90			
Time as Instructor	40	1.6	40		5					
This Make/Model							0			
Last 90 Days	100	3	100		6		0			
Last 30 Days	40	3	40		6		0			
Last 24 Hours		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

"Flight Crewmember 2" Identification

First Name: Michael

City of Residence: Oakland Park

Middle Initial: _____

State: Florida

ZIP: _____

Last Name: Sullivan

Country: United States of America

Age at time of Accident/Incident: 52 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) (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

_____ 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
Total Time	95	1.6	95			Actual	Simulated			
Pilot in Command (PIC)	10		10							
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days	1.6		1.6		1					
Last 24 Hours										

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

Crew Name and Address		Seat Occupied		Injury
First Name: <u>Allexander</u>	City of Residence: <u>Fort Lauderdale</u>	☐ Left	☐ Front	☒ None
Middle Initial: <u>M</u>	State: <u>FL</u>	☐ Center	☐ Rear	☐ Minor
Last Name: <u>Jeffrey</u>	ZIP: <u>33509</u>	☒ Right	☐ Single	☐ Serious
	Country: <u>United States</u>		☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☒ Flight Instructor	Available	Used	☐ Not Installed
☒ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☐ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☒ Yes ☐ No		Total Flight Time at the Time of this Accident/Incident: <u>400</u> hrs		

Crew Name and Address		Seat Occupied		Injury
First Name: <u>Michael</u>	City of Residence: <u>Fort Lauderdale</u>	☒ Left	☐ Front	☒ None
Middle Initial: <u>J</u>	State: <u>FL</u>	☐ Center	☐ Rear	☐ Minor
Last Name: <u>Johnson</u>	ZIP: <u></u>	☐ Right	☐ Single	☐ Serious
	Country: <u>United States</u>		☐ Unknown	☐ Fatal
				☐ Unknown
Pilot Certificate(s) (Check all that apply)		Restraint Type:		Inflatable Restraints
☐ None	☐ Flight Instructor	Available	Used	☐ Not Installed
☐ Private	☐ Recreational	☐ None	☐ None	☐ Installed
☒ Student	☐ Sport	☐ Lap Only	☐ Lap Only	☐ Not Deployed
	☐ Commercial	☐ 3-point	☐ 3-point	☐ Deployed
	☐ Airline Transport	☐ 4-point	☐ 4-point	☐ Unknown
	☐ Flight Engineer	☐ 5-point	☐ 5-point	
	☐ US Military	☐ Unknown	☐ Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☒ No		Total Flight Time at the Time of this Accident/Incident: <u>95</u> 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: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	
			☐ Unknown	☐ Unknown			
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	
			☐ Unknown	☐ Unknown			
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	
			☐ Unknown	☐ Unknown			
First Name: _____ City: _____	☐ Left	☐ None	Available	Used	☐ Not Installed	☐ Under 5 years	
Middle Initial: _____ State: _____ ZIP: _____	☐ Center	☐ Minor	☐ Lap Only	☐ Lap Only	☐ Installed	☐ If Under 5,	
Last Name: _____ Country: _____	☐ Right	☐ Serious	☐ 3-point	☐ 3-point	☐ Not Deployed	☐ Child Restraint	
☐ Crew ☐ Passenger ☐ Other	☐ Unknown	☐ Fatal	☐ 4-point	☐ 4-point	☐ Deployed	☐ Lap-Held	
	Row: _____	☐ Unknown	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	
			☐ Unknown	☐ Unknown			

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KEFE</u> City: <u>Fort Lauderdale</u> State: <u>Florida</u> Country: <u>United States</u>	Time of Departure Time: <u>16:00</u> Time Zone: <u>ET</u>	Destination Airport ID: <u>KEFE</u> City: <u>Fort Lauderdale</u> State: <u>Florida</u> Country: <u>United States</u>	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: <u>13</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 ☐ 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 <u>85</u> (F) Dew Point: _____ (C) or _____ (F)	
Lowest Cloud Condition Height <u>3500</u> ft agl	Ceiling Height _____ ft agl	Altimeter Setting: _____ in. Hg or _____ MB	
Wind Direction ☐ Variable <u>or</u> <u>240</u> degrees true	Wind Speed ☐ Calm ☐ Light and Variable <u>or</u> <u>5-6</u> kts	Wind Gusts ☒ Not Gusting <u>or</u> _____ kts	Visibility <u>10 PWS</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown	Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Fog ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Ground Fog ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Haze ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Ice Crystals ☐ Rain Showers		
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 ☐ 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: <u>None applicable to accident</u>			

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)

Aircraft flipped over and is unreparable

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.

Statement is same as Wed with FRA

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

Operator/Owner Safety Recommendation

1. Cause of accident/incident

2. Contributing factors

3. Recommended corrective actions

4. Recommended follow-up actions

5. Recommended training actions

6. Recommended equipment actions

7. Recommended procedure actions

8. Recommended other actions

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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)

22 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

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

Occupants climbed through the window

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:	State:	
Country:	Country:	
ZIP:	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

Name of Pilot/Operator: Alexander JeffreySignature: [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.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

ERA21LA381

ERA - VA

H. Kemner

10/6/2021