

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: OWENSBORO State: Ky
 ZIP: 42301 Country: DAVIS County
 Latitude: 37.74 N Longitude: 87.17 W.

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

Accident/Incident Date/Time

Date: MAY 12, 22 Local Time: _____
 Time Zone: CENTRAL

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N 92913
 Manufacturer: CESSNA
 Model: SKYLAN 182 N
 Serial Number: 18260427
 Year of Manufacture: 1970
 Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified YES
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 2950 lbs
 Weight at Time of Accident/Incident: _____ lbs
 Number of Seats: 4 Flight Crew Seats: 2
 Cabin Crew Seats: _____ Passenger Seats: 2
 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 ☒ 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)

☒ Tricycle ☐ Retractable
☐ 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/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	O-470-R	203426	1970	230	3124	22A.56 931-1
Eng. 2							
Eng. 3							
Eng. 4							

Last Inspection Type

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

Date Last Inspection: SEPT 3, 21
 mm/dd/yyyy

Airframe Total Time: 3999.44 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: MARTIN
 Model: DHC-62 YF-1BFP/F

Propeller 2

☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____
 Model: _____

ELT Installed: Yes ☒ No ☐

If Yes:
 ELT Manufacturer: AMERICAN KING
 Model or Part No.: AK451-2
 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: B.A.K. Flying ClubFractional Ownership Aircraft: ☒ Yes ☐ NoCity: ColumbusState: IN ZIP: 47201Country: Barthomewu**Operator of Aircraft**

Same As Registered Owner

Name: GREGORY ELLIS - member club

Doing Business As: _____

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

Same Address as Registered Owner

City: ColumbusState: IN ZIP: 47201Country: Barthomewu**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: OWENSBORO / DAVIS CntyAirport Identifier: KOWBProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: 0 smDirection From Airport: 180 degrees trueAirport Elevation: 407 ft. msl**Runway Information**Runway ID: 24/18 (L/R/C) Length: 8000 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☐ Takeoff☐ Initial Climb☒ VFR Departure☐ IFR Departure Procedure/Clearance☐ On Instrument Approach
Landing☐ Downwind☐ Base☐ Final☐ Crosswind☐ Low Approach☐ Go Around☐ Aborted Landing (after touchdown)☐ 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: <u>GREGORY</u> Middle Initial: <u>D</u> Last Name: <u>ELLIS</u> City of Residence: <u>COLUMBUS</u> State: <u>IN</u> ZIP: <u>47201</u> Country: <u>BARTHOLOMEW</u> mm/dd/yyyy Age at time of Accident/Incident: <u>35</u> 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																																																																																											
Principal Certificate(s) (Check all that apply) ☐ None ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign					Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance			Date of Last Medical <u>11-31-2020</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations <u>NONE</u>																																																																																																				
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>JAN 30th 22</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>182N</u>																																																																																																
Airplane Rating(s) (Choose all that apply) ☒ None ☒ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Choose all that apply) ☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Choose all that apply) ☒ None ☐ Airplane ☐ Helicopter ☐ Powered Lift			Instructor Rating(s) (Choose all that apply) ☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift																																																																																											
Type Ratings <u>High PERFORMANCE</u> <u>Complex AIRPLANE</u> <u>LANDING GEAR</u>						Student Endorsements (Include dates)																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</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> </thead> <tbody> <tr> <td>Total Time</td> <td>168.2</td> <td>15.6</td> <td>168.2</td> <td>0</td> <td>32.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>168.2</td> <td>15.6</td> <td>168.2</td> <td>0</td> <td>26</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</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>6.5</td> <td>6.5</td> <td>6.5</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>1.9</td> <td>1.9</td> <td>1.9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.9</td> <td>1.9</td> <td>1.9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	168.2	15.6	168.2	0	32.6						Pilot in Command (PIC)	168.2	15.6	168.2	0	26						Time as Instructor	0										This Make/Model											Last 90 Days	6.5	6.5	6.5	0							Last 30 Days	1.9	1.9	1.9								Last 24 Hours	1.9	1.9	1.9							
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"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: Kyle Smith

Middle Initial: Smith

Last Name: Smith

City of Residence: Columbus

State: TN ZIP: 47201

Country: Baethouccu

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

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

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

NONE

Medical Certificate Special Issuance

NONE

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

Actual

Simulated

Rotorcraft

Glider

Lighter Than Air

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	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	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
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	Commercial	US Military	Available	Used	
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				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
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>Kunal</u> City: <u>Colombus</u>	Left Center Right Unknown Back Row: _____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restrain Lap-Held Unknown
Middle Initial: _____ State: <u>IN</u> ZIP: <u>47201</u>			None	None		
Last Name: <u>Tayal</u> Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☒ Other ☐			3-point	3-point		
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 Restrain Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		
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 Restrain Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		
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 Restrain Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____			None	None		
Last Name: _____ Country: _____			Lap Only	Lap Only		
Crew ☐ Passenger ☐ Other ☐			3-point	3-point		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

PROP + NOSE hit ground + BROKE off
STEER wheel!

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.

went TO TAKE off, got up to approx.
60 mph., started ROTATE AS front wheel skinned
Felt Front wheel lift off, then settle
BACK down, AIRCRAFT began to pull HARD left,
I fought the LEFT pull but could not
OVER come its pull to the LEFT. ~~It~~
After few seconds, it went into the ditch
AND BOUNCED onto the TAXIWAY to HARD.

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

Operator/Owner Safety Recommendation

MORE TRAINING & QUALIFIED CFI.

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 APPRO 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

ALL I EXITED THE LEFT DOOR, 2 OTHERS OUT RIGHT DOOR

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

5-15-22

mm/dd/yyyy

Name of Pilot/Operator

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.

ERA22LA225

Reviewed by NTSB Regional Office

ERA

Name of Investigator

P. WENTZ

Date Report Received

5/15/2022