

NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

BASIC INFORMATION
Accident/Incident Location

 Nearest City/Place: GRIFFIN State: GA

 ZIP: 30223 Country: USA

 Latitude: 33.26 N Longitude: 84.40W

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

Accident/Incident Date/Time

 Date: 09072024 Local Time: 1200
 mm/dd/yyyy

 Time Zone: EASTERN

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

AIRCRAFT INFORMATION

 Registration Number: N5096R

 Manufacturer: BEECHCRAFT

 Model: BARON BE58

 Serial Number: TH-1996

 Year of Manufacture: 2001

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

Make: _____

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

 Maximum Gross Weight: 5500 lbs.

 Weight at Time of Accident/Incident: 4768 lbs.

 Number of Seats: 6 Flight Crew Seats: 2

 Cabin Crew Seats: _____ Passenger Seats: 4

 Number of Engines: 2
Category of Aircraft
 (Select one)

- ☒ 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
☐ Certificate of Authorization or Waiver (COA)
☐ None
- Special**
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ Special Light-Sport
☐ Experimental Light-Sport
☐ Unknown

Landing Gear
 (Check all that apply)

- ☒ Retractable
☒ Tricycle
☐ Tailwheel
☐ Emergency Float
☐ Float
☐ Amphibian
☐ Other Launch/Recovery System
☐ None
- ☐ High Skid
☐ Skid
☐ Ski/Wheel
☐ Hull
☐ Ski
☐ 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	Engine 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 550C	685284	01/09/2001	300	1346	48	N/A
Eng. 2	CONTINENTAL	IO 550C	685285	01/08/2001	300	1346	48	N/A
Eng. 3								
Eng. 4								

Last Inspection Type

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

 Date of Last Inspection: 09/20/2023
 mm/dd/yyyy

 Airframe Total Time: 1346 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: _____

Additional Equipment

- ☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Autopilot/FMS, Model: _____
☐ Coupled Flight Director
☐ Data Recorder
☐ Device Stall Warning System
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Flight Management System

- ☐ Handheld GPS
☐ Heads Up Display
☐ Night Vision Goggles
☐ Onboard Weather
☐ Primary Flight Display
☐ SAS, Axis (circle one): 2, 3, 4, Model: _____
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Wire Strike Detection
☐ Wire Strike Protection
☒ Other, Specify: RADAR

 ELT Installed: ☒ Yes ☐ No If Yes:

 ELT Manufacturer: ARTEX

 Model or Part No.: 1000

 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 1 ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

 Manufacturer: HARTZELL

 Model: PMC-J34F-2UF
Propeller 2 ☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

 Manufacturer: HARTZELL

 Model: PMC-J34F-2UF

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: PROVESTMENT INTERNATIONAL, LLC

Fractional Ownership Aircraft:

☐ Yes☒ NoCity: MELBOURNEState: FLZIP: 32904Country: USA**Operator of Aircraft**☐ The Operator is also the Registered Owner☐ Same address as Registered OwnerName: W. DOUG PADGETT

Doing Business As: _____

City: MELBOURNEState: FLZIP: 32904Country: 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 450
- ☐ 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
- ☐ 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 ☐ Unknown

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: CEDAR RIDGE

Distance From Airport Center: _____ sm.

Airport Identifier: GA62

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. MSL

Runway InformationRunway ID: 18 Length: 3000 ft. Width: 40 ft.**Runway/Landing Surface** (Check all that apply)

- ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow
- ☐ Concrete ☐ Gravel ☐ Macadam ☐ Water
- ☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown
- ☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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 ☐ Crosswind ☐ 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 ☐ Unknown
- ☐ VOR/DME ☐ Localizer Only ☐ Visual
- ☐ TACAN ☐ LOC-back course ☐ Contact
- ☐ RNAV ☐ Circling

VFR Approach (Check all that apply)

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

"FLIGHT CREWMEMBER 1" INFORMATION**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☒ 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: WILLIAM

City of Residence: MELBOURNE

Middle Initial: D

State: FL ZIP: 32904

Last Name: PADGETT

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury

☐ None ☐ Serious
☐ Unknown ☐ Fatal
☒ Minor

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 ☐ Sport
☐ Student ☐ Flight Engineer

☐ Supplemental. Restraint type: _____

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

07/28/2023
 mm/dd/yyyy

Medical Certificate Limitations

NONE

Medical Certificate Special Limitations**Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

Date of Last Flight Review

or Equivalent, Including
 FAR 121/135 Checks:

02/13/2024
 mm/dd/yyyy

Flight Review Aircraft

Make: BEECHCRAFT

Model: BARON BE58

Airplane Rating(s)

(Check all that apply)

☒ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements** (Include dates)

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotocraft	Tail-wheel
						Actual	Simulated					
Total Time	2,568	779		1,968							1,968	
Pilot in Command (PIC)	2,420	779		1,968							1,968	
Time as Instructor	0	0		0							0	
This Make/Model												
Last 90 Days	16	16		16							16	
Last 30 Days	8	8		8							8	
Last 24 Hours	2	2		2							2	

"FLIGHT CREWMEMBER 2" INFORMATION**"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Captain ☐ First Officer ☐ 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: _____

City of Residence: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____

Date of Birth: _____ (mm/dd/yyyy)

Certificate Number: _____

Degree of Injury

☐ None ☐ Serious
☐ Unknown ☐ Fatal
☐ Minor

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 ☐ Sport
☐ Student ☐ Flight Engineer

☐ Supplemental. Restraint type: _____

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 Limitations****Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____

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)

☐ 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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multiengine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered lift ☐ Sport

Type Ratings and Applicable Logbook Endorsements**Student Endorsements (Include dates)**

Flight Time (Enter hours for each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Multi-engine Rotorcraft	Tail-wheel
						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.)

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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.		

Additional Crewmember Information		Seat Occupied	Injury
First Name: _____	City of Residence: _____	☐ Left ☐ Rear ☐ Center ☐ Single ☐ Right ☐ Unknown ☐ Front	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown
Middle Initial: _____	State: _____ Zip: _____		
Last Name: _____	Country: _____		
Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves ☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: _____			
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 ☐ Supplemental. Restraint type: _____	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.)

Number of Passengers _____	Seat	Injury	Restraint Type	Inflatable Restraints	Age
Passenger Information First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ 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 ☐ Supplemental. Restraint type: _____	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ Zip: _____ Last name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other Personal Flight Equipment (Check all that apply) ☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ PLB ☐ Fire resistant gloves ☐ Night vision goggles ☐ Helmet visor ☐ Personal flotation ☐ Other: _____	☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown ☐ Supplemental. Restraint type: _____	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years If under 5 years, ☐ Child Restraint ☐ Lap-Held ☐ Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Flight Information	Destination	Type Flight Plan Filed
Airport ID: <u>KMLB</u> City: <u>MELBOURNE</u> State: <u>FL</u> Country: <u>USA</u>	Time: <u>1000</u> Time Zone: <u>E</u>	Flight Number: _____ Operating as Flight _____	Airport ID: <u>GA 62</u> City: <u>GRIFFIN</u> State: <u>GA</u> Country: <u>USA</u>	☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☒ IFR ☐ Unknown Activated? ☒ Yes ☐ No ☐ Unknown

Type of ATC Clearance/Service (Check all that apply) ☐None			
☐ Certificate of Authorization	☐ Special VFR	☐ Special IFR	☐ VFR Flight Following
☐ VFR	☒ IFR	☐ VFR On Top	☐ Traffic Advisory
		☐ Cruise	
		☐ Unknown / NA	

Type of ATC Clearance/Service (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft. MSL
☐ 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		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply)		Weather Observation Facility	
☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Electronic Flight Bag-Application:	☐ Company ☐ Military ☐ Internet ☐ None ☐ Unknown	Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☐ VMC ☐ IMC ☐ Unknown		Lowest Cloud Condition Height _____ ft. AGL	
Sky/Lowest Cloud Condition ☐ Clear ☐ Few ☐ Partial ☐ Obscuration ☐ Scattered		Light Condition ☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Ceiling ☐ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown	
		Ceiling Height _____ ft. AGL	
Temperature: _____ (°C) or _____ (°F) Dewpoint: _____ (°C) or _____ (°F)			

Altimeter Setting: _____ Hg or _____ mb	Wind Direction ☐ Variable Direction: _____ degrees true	Wind Speed ☐ Calm ☒ Light and Variable Speed: _____ kts	Wind Gusts ☒ Not Gusting or Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Destiny Altitude: _____ ft.
---	---	--	--	---

Type of Precipitation (Check all that apply)				Restriction to Visibility (Check all that apply)	
☐ None	☐ Drizzle	☐ Freezing Rain	☐ None	☐ Fog	
☐ Rain	☐ Ice Pellets	☐ Snow Shower	☐ Blowing Dust	☐ Ground Fog	
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower	☐ Blowing Sand	☐ Haze	
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle	☐ Blowing Snow	☐ Ice Fog	
☐ Rain Showers	☐ Ice Crystals		☐ Blowing Spray	☐ Smoke	
			☐ Dust	☐ Unknown	

Icing Forecast		Intensity of Precipitation		Icing Actual		Turbulence (Check all that apply)	
Amount	Type	☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Amount	Type	☐ None ☐ Clean Air ☐ Terrain-Induced ☐ Convective Turbulence	Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme
☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown			☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown	☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: NONE

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
☐ Fire at Unknown Time
☐ Unknown

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

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.

I APPROACHED GA62 AND ENTERED A LEFT DOWNWIND AND DECENDED TO 1800', TURNED FINAL AND AFTER LINED UP REALIZED I WOULD BE TOO HIGH AND FAST, SO ABORTED AND WENT AROUND. ON SECOND APPROACH, CLOSER ATTENTION TO SPEED AND ALTITUDE, LINED UP GOOD, SPEED AND VISUAL OK AT THE GARMIN 500' WARNING, BUT FLOATED AT THE END AND REALIZED TOO LATE TO ga, LANDED WITH HARD BRAKINGAND SAW I WAS GOING TO OVERRUN , SO STEERED TO A GRAVEL ROAD, WHERE I CAME TO REST IN THE GRASS.

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

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on a 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)

135 Gallons**Fuel Type**☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ 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:** _____ **ZIP:** _____**Country:** _____**Pilot of Other Aircraft****Name:** _____**City:** _____**State:** _____ **ZIP:** _____**Country:** _____**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

09/14/2124

mm/dd/yyyy

Name of Pilot/Operator: WILLIAM DOUGLAS PADGETT

Signature:

-or- ☒ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

Name: _____

Title: _____

Signature: _____

-or- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB AS Division	Name of Investigator	Date Report Received
ERA24LA373	ERA	Gretz	09/14/2024