

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: Henderson
ZIP: 89052
Latitude: 35.58.22 Country: USA State: NV
Longitude: 115.08.04
(Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time
Date: 07/28/16 Local Time: 1600
Time Zone: Pacific

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☐ Not

AIRCRAFT INFORMATION

Registration Number: n341cp
Manufacturer: Cirrus
Model: SR22
Serial Number: 3245
Year of Manufacture: 2008
Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make:
☐ Original Design

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft
Maximum Gross Weight: 3600 lbs
Weight at Time of Accident/Incident: 3250 lbs
Number of Seats: 4 Flight Crew Seats: 2
Cabin Crew Seats: 0 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
 - ☐ Aerobatic
 - ☐ Balloon
 - ☐ Commuter
 - ☐ Transport
 - ☐ Utility
- Special**
- ☐ Restricted
 - ☐ Limited
 - ☐ Provisional
 - ☐ Special Flight
 - ☐ Experimental
 - ☐ Special Light-Sport
 - ☐ Experimental Light-Sport
- ☐ Certificate of Authorization or Waiver (COA)
☒ None ☐ Unknown

- Landing Gear
(Check all that apply)
- ☐ Retractable
- ☒ Tricycle
 - ☐ Amphibian
 - ☐ Emergency Float
 - ☐ Float
 - ☐ Hull
 - ☐ Tailwheel
 - ☐ High Skid
 - ☐ Skid
 - ☐ Ski
 - ☐ Ski/Wheel
 - ☐ Other Launch/Recovery System
 - ☒ None ☐ Unknown

- Engine Type (Select one)
- ☒ Reciprocating
 - ☐ Turbo Shunt
 - ☐ 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	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	IO-550-N-51B	691886	07/30/08	310	910	100	
Eng. 2								
Eng. 3								
Eng. 4								

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

Date Last Inspection:
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: Hartzell
Model: PHC-J3YF-1N

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: KCB Air, LLC.

Fractional Ownership Aircraft: ☐ Yes ☒ No

Operator of Aircraft

Name: ☒ Same As Registered Owner

Doing Business As: _____

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

City: San Luis Obispo

ZIP: 93401

State: CA

Country: USA

☒ Same Address as Registered Owner

City: _____

ZIP: _____

State: _____

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
- ☐ Non-Scheduled or Air Taxi
- ☐ Domestic
- ☐ International
- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137 (Select one)

- ☐ 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

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: Henderson Airport

Airport Identifier: HND

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

Distance From Airport Center: n/a sm

Direction From Airport: n/a degrees true

Airport Elevation: 2491.5 ft. msl

Runway Information

Runway ID: 17L (L/R/C) Length: 5001 ft Width: 75 ft

Runway/Landing Surface (Check all that apply)

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

Condition of Runway/Landing Surface (Check all that apply)

- ☒ Dry
- ☐ Holes
- ☐ Ice Covered
- ☐ Rough
- ☐ Rubber Deposits
- ☐ Slush-Covered
- ☐ Snow-Compacted
- ☐ Snow-Crusted
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☐ Soft
- ☐ Vegetation
- ☐ Water-Calm
- ☐ Water-Choppy
- ☐ Water-Glassy
- ☐ Wet
- ☐ 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
- ☐ ADP/NDB
- ☐ SID
- ☐ VOR/VOR
- ☐ VOR/DME
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling

- ☐ Practice
- ☐ GPS

☐ Unknown

VFR Approach (Check all that apply)

- ☐ 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

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"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: Kyle City of Residence: San Luis Obispo
 Middle Initial: C State: CA ZIP: 93401
 Last Name: Billingsley Country: USA
 Age at time of Accident/Incident: 28 Date of Birth: 1987 mm/dd/yyyy

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	Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance		
Principal Occupation ☐ Pilot ☒ Other ☐ Unknown	Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown		
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: <u>Cessna</u> Model: <u>172</u>		
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)
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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

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Front
☐ Center ☐ Rear
☐ Right ☐ Single
☐ Unknown ☐ Unknown

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Seat Occupied

☐ Left ☐ Front
☐ Center ☐ Rear
☐ Right ☐ Single
☐ Unknown ☐ Unknown

Injury

☐ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

First Name: Chris City: Arroyo Grande
 Middle Initial: _____ State: CA ZIP: 93428
 Last Name: Auerbach Country: USA

☐ Crew ☒ Passenger ☐ Other

Seat

☐ Left ☒ None
☐ Center ☐ Minor
☐ Right ☐ Serious
☐ Unknown ☐ Fatal
☐ Unknown ☐ Unknown

Injury

☒ None
☐ Minor
☐ Serious
☐ Fatal
☐ Unknown

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

Age

☐ Under 5 years
 If Under 5,
☐ Child Restraint
☐ Lap-Held
☐ Unknown

First Name: Nikki City: Nipomo
 Middle Initial: _____ State: CA ZIP: _____
 Last Name: Duffy Country: USA

☐ Crew ☒ Passenger ☐ Other

☒ Left
☐ Center
☐ Right
☐ Unknown

☒ 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

☐ 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

☐ 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 Restrain
☐ Lap-Held
☐ Unknown

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KBFL</u> City: <u>Bakersfield</u> State: <u>CA</u> Country: <u>USA</u>		Time of Departure Time: <u>1500</u> Time Zone: <u>PDT</u>	
Type of ATC Clearance/Service (Check all that apply) ☐ None ☐ VFR ☐ Special VFR ☐ IFR		Destination Airport ID: <u>KHND</u> City: <u>Henderson</u> State: <u>NV</u> Country: <u>USA</u>	
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area		☐ Special IFR ☐ VFR On Top ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	
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		Weather Observation Facility Facility ID: <u>KHND</u> Observation Time: <u>1555</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: <u>n/a</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown	
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered ☐ Thin Broken ☐ Thin Overcast ☐ Unknown		Temperature: _____ (C) or <u>110</u> (F) Dew Point: _____ (C) or <u>na</u> (F) Altimeter Setting: <u>na</u> in. Hg or <u>na</u> MB	
Lowest Cloud Condition Height <u>na</u> ft agl		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast ☐ Obscured ☐ Indefinite ☐ Unknown Ceiling Height <u>na</u> ft agl	
Wind Direction ☐ Variable -or- Direction: <u>na</u> degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: <u>na</u> kts	
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☒ N/A ☐ Unknown		Wind Gusts ☐ Not Gusting -or- Speed: <u>na</u> kts	
Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown	
Ice Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Ice Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☒ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ 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: 	

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)*
 Landing gear, propeller, cowling, airbags, wings, 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.

High on landing, gusty winds and lost a gust on flare causing firm landing and subsequent exiting of runway.

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.)

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)

75 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
3 occupants through main cabin doors.

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 (Please type or print in ink)

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

ll

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: Kyle Billingsley

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.

GAA16CA402

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

8/6/2016

Date Reported