

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: Field, OR State: OR

ZIP: _____ Country: USA

Latitude: N 42° 32' 11.225 Longitude: W 118° 31' 03.719

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

Accident/Incident Date/Time

Date: 09/23/2016 Local Time: 0030

mm/dd/yyyy

Time Zone: PST

Collision with Other Aircraft: Midair On-ground (None)

AIRCRAFT INFORMATION

Registration Number: N 469DM

Manufacturer: Beechcraft

Model: BE 24R

Serial Number: MC-585

Year of Manufacture: 1978

Amateur-Built: Yes (No) If Yes: Kit/Plans Make: _____
Original Design

IFR-Equipped and Certified
Commercial Space Flight
Unmanned Aircraft

Maximum Gross Weight: 2750 lbs

Weight at Time of Accident/Incident: 2400 lbs

Number of Seats: 4 Flight Crew Seats: 1

Cabin Crew Seats: 3 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

(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) 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	<u>Lycoming</u>	<u>TIO-360-A1B6</u>	<u>L-19016-51A</u>	<u>03/4/1978</u>	<u>200 HP</u>	<u>4939.9</u>	<u>9.0</u>	<u>1092.0</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

100-Hour Continuous Airworthiness
AAIP Conditional Inspection
(Annual) Unknown

Date Last Inspection: 05/01/2016

mm/dd/yyyy

Airframe Total Time: 3664.0 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

19HRS TSOH

Fixed Pitch

(Controllable Pitch)
Ground Adjustable

Manufacturer: McC-M24R-1B

Model: F 7666 A Serial# EN-471

Propeller 2

Fixed Pitch

Controllable Pitch
Ground Adjustable

Manufacturer: _____

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)

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: William M Richardson
 Fractional Ownership Aircraft: Yes ☐ No ☒

City: Marysville
 State: WA ZIP: 98270
 Country: USA

Operator of Aircraft

Same As Registered Owner

Name: John D. Richardson
 Doing Business As: Personal Flight
 Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner

City: Everett
 State: WA ZIP: 98203
 Country: USA

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 5 miles of an airport)

Airport Name: Lake Alvard - Dry Lakes Area - SE Oregon
 Airport Identifier: N/A
 Proximity to Airport: Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A

Distance From Airport Center: _____ sm
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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 VFR Departure On Instrument Approach Downwind Low Approach
 Takeoff IFR Departure Procedure/Clearance ☒ Landing Base Go Around
 Initial Climb Final Aborted Landing (after touchdown)
 Crosswind ☒ 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
 Straight-In ☒ Valley/Terrain Following
 Go Around
 Full Stop
 Stop and Go
 Touch and Go
 Simulated Forced Landing
 Forced Landing
 Precautionary Landing
☒ Unknown

"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 <u>Yes</u> No													
"Flight Crewmember 1" Identification First Name: <u>John</u> Middle Initial: <u>D</u> Last Name: <u>Richardson</u> City of Residence: <u>Everett</u> State: <u>WA</u> ZIP: <u>98203</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>69</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]													
Degree of Injury None Fatal Minor Unknown Serious			Seat Occupied <u>Left</u> Front Unknown Right Rear Center Single			Restraint Type Available None Lap only <u>3-point</u> 4-point 5-point Unknown Used None Lap only <u>3-point</u> 4-point 5-point Unknown			Inflatable Restraints Not Installed Installed Not Deployed <u>Deployed</u> Unknown				
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer			Medical Certificate None Class 3 <u>Class 1</u> Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Validity <u>Without limitations/waivers</u> Unknown <u>With limitations/waivers</u> N/A Special Issuance			Date of Last Medical <u>03/15/2016</u> mm/dd/yyyy				
Medical Certificate Limitations <u>must have glasses to correct for near vision</u>													
Medical Certificate Special Issuance 													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/17/2015</u> mm/dd/yyyy			Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-182M</u>										
Airplane Rating(s) (Check all that apply) None <u>Single-Engine Land</u> <u>Single-Engine Sea</u> <u>Multiengine Land</u> <u>Multiengine Sea</u>			Other Aircraft Rating(s) (Check all that apply) None <u>Airship</u> Balloon Glider Gyroplane Helicopter Powered Lift			Instrument Rating(s) (Check all that apply) None <u>Airplane</u> Helicopter Powered Lift			Instructor Rating(s) (Check all that apply) None <u>Airplane Single-Engine</u> <u>Airplane Multi-Engine</u> Gyroplane Powered Lift				

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

"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 <u>No</u>											
"Flight Crewmember 2" Identification											
First Name: <u>N/A</u>					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		Seat Occupied			Restraint Type			Inflatable Restraints			
None	Fatal	Left	Front	Unknown	Available		Used				
Minor	Unknown	Right	Rear		None	None			Not Installed		
Serious		Center	Single		Lap only	Lap only			Installed		
					3-point	3-point			Not Deployed		
					4-point	4-point			Deployed		
					5-point	5-point			Unknown		
					Unknown	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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
Pilot	None	Class 3			Without limitations/waivers		Unknown				
Other	Class 1	Driver's License (Sport Pilot only)			With limitations/waivers		N/A				
Unknown	Class 2	Unknown			Special Issuance				mm/dd/yyyy		
Medical Certificate Limitations											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
mm/dd/yyyy				Make: _____							
				Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
None	None	None	None	None		None		Instrument Airplane			
Single-Engine Land	Airship	Airplane	Airplane	Airplane		Airplane Single-Engine		Instrument Helicopter			
Single-Engine Sea	Balloon	Helicopter	Helicopter	Helicopter		Airplane Multi-Engine		Helicopter			
Multiengine Land	Glider	Powered Lift		Powered Lift		Gyroplane		Glider			
Multiengine Sea	Gyroplane					Powered Lift		Sport			
	Helicopter										
	Powered Lift										
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											
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; continue on separate sheet if necessary)

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		Available		Used
Private		Recreational		None		None
Student		Sport		Lap Only		Lap Only
		Commercial		3-point		3-point
		Airline Transport		4-point		4-point
		Flight Engineer		5-point		5-point
		US Military		Unknown		Unknown
		Foreign				
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		Available		Used
Private		Recreational		None		None
Student		Sport		Lap Only		Lap Only
		Commercial		3-point		3-point
		Airline Transport		4-point		4-point
		Flight Engineer		5-point		5-point
		US Military		Unknown		Unknown
		Foreign				
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: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____								
Last Name: _____ Country: _____								
Crew Passenger Other								
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____								
Last Name: _____ Country: _____								
Crew Passenger Other								
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____								
Last Name: _____ Country: _____								
Crew Passenger Other								
First Name: _____ City: _____			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____ State: _____ ZIP: _____								
Last Name: _____ Country: _____								
Crew Passenger Other								

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed			
Airport ID: <u>KALVO</u>	Time: <u>1930</u>	Airport ID: <u>N/A</u>	<u>None</u>		VFR/IFR	
City: <u>Arlington</u>		City: <u>Lake Alford Dry Lakes</u>	Company VFR		IFR	
State: <u>WA</u>	Time Zone: <u>PST</u>	State: <u>Oregon</u>	Military VFR		Unknown	
Country: <u>USA</u>		Country: <u>USA</u>	VFR			
			Activated?	Yes	No	Unknown

Type of ATC Clearance/Service (Check all that apply)				
None VFR	Special VFR IFR	Special IFR VFR On Top	VFR Flight Following Traffic Advisory	Cruise Unknown / NA
Airspace where the accident/incident occurred (Check all that apply)				
Class A	Class G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: <u>4100</u> ft msl
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		Weather Observation Facility	
(Check all that apply)			
National Weather Service	Company	Facility ID:	
Flight Service Station	Military	Observation Time:	
TV/Radio	Internet	Time Zone:	
Automated Report	None	Distance from Accident Site:	nm
Commercial Weather Service (DUATS)	Unknown	Direction from Accident Site:	degrees true
On-Board Weather			

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 Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: <u>3007</u> in. Hg or _____ MB	

Wind Direction Variable <u>Calm</u> -or- Direction: _____ degrees true	Wind Speed <u>Calm</u> Light and Variable -or- Speed: _____ kts	Wind Gusts <u>Not Gusting</u> -or- Speed: _____ kts	Visibility <u>100</u> miles - <u>vertical</u> RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation	Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)		
Light	None	Drizzle	Freezing Rain	None	Fog
Moderate	Rain	Ice Pellets	Snow Shower	Blowing Dust	Ground Fog
Heavy	Snow	Snow Pellets	Ice Pellets Shower	Blowing Sand	Haze
N/A	Hail	Snow Grains	Freezing Drizzle	Blowing Snow	Ice Fog
Unknown	Rain Showers	Ice Crystals		Blowing Spray	Smoke
				Dust	Unknown

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

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)

AIRCRAFT wings and empennage damaged severely - nose wheel broken off
Both fuel tanks ruptured. ENGINE experienced sudden stop due
To prop Strike - prop damaged severely.

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 received call from a friend - Jerry Lamb - requesting me to pick up some parts for jet car (Landspeed.com F-104 jet car) that was unable to get there by fed ex. They were attempting to break new record. He gave me coordinates and name of Dry Lake and told me it was 14 miles long and flat with beautifully clear weather. I agreed and drove my dad (93 yrs old) back home and got my pilot's license and drove to airport at Arlington - I departed at approximately 1945 on 9/27/2016 and landed at Spanaway Washington, picked up parts and left for Oregon destination - I was talking with Approach CTR Seattle & Salt Lake CTR until 35 miles South of Burns, OR - my GPS was showing no over Dry Lake bed and I saw a truck all lit up - (my friend had told me he would have his truck all lit up and there would be no obstructions - I thought I was at correct location but was not. I had not set user waypoint on my Garmin 796 (had never needed to do so) I set up 100' rate of descent out of 4500' - I made contact with ground and aircraft took out fence and came to rest under barbed wire fence. I was not hurt and I called Mayday and Emerites Air Relayed to Salt Lake CTR as someone called my friend. I shut off all power & removed battery. I had Terrain Awareness & 3D Vision & believed I was in right location - night vision was not good as landing light dim & position lights made it hard to see.

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

Operator/Owner Safety Recommendation

Know your destination - go in daylight - be familiar and check google earth. have communications

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
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)56 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 AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

opened doors & exited

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

N/A

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
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.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

10/02/2016
mm/dd/yyyy

Name of Pilot/Operator: John D. Richardson

Signature: [Redacted]

-- 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.
GAA16CA518

Reviewed by NTSB Regional Office
GAA

Name of Investigator
JACKIE VANOVER

Date Report Received
10/02/2016