

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: Glendale State: AZ
 ZIP: 85307 Country: United States of America
 Latitude: 33.53 N Longitude: 112.30 W
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 06/02/2020 Local Time: 19:30
mm/dd/yyyy Time Zone: Arizona

Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N225CK

Manufacturer: OMF

Model: OMF-100-160

Serial Number: 0013

Year of Manufacture: 2001

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2150 lbs

Weight at Time of Accident/Incident: 2091 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

☒ 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. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Lycom ng	O-360-D2A	L-19357-39A		160			N/A
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 06/26/2019
mm/dd/yyyy

Airframe Total Time: 683.3 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: MT

Model: MT18614-3D

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: Yes No

If Yes

ELT Manufacturer: ACR

Model or Part No.: 453-6603

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: MORE AVIATION LLCCity: SurpriseState: AZZIP: 85378

Fractional Ownership Aircraft: Yes No

Country: United States of America**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____

ZIP: _____

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

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: Glendale AirportDistance From Airport Center: .1 smAirport Identifier: KGEUDirection From Airport: 190 degrees true

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

Airport Elevation: 1071 ft. msl**Runway Information**Runway ID: 19 (L/R/C) Length: 7150 ft Width: 100 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 | ☐ 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: Djimon City of Residence: Phoenix
 Middle Initial: L State: AZ ZIP: 85040
 Last Name: Green Country: United States of America
 Age at time of Accident/Incident: 22 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 <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	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				
Available	Used																				
None	None																				
Lap only	Lap only																				
3-point	3-point																				
4-point	4-point																				
5-point	5-point																				
Unknown	Unknown																				
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td>☐ None</td> <td>☒ Flight Instructor</td> <td>☒ Commercial</td> <td>☐ US Military</td> </tr> <tr> <td>☐ Private</td> <td>☐ Recreational</td> <td>☒ Airline Transport</td> <td>☐ Foreign</td> </tr> <tr> <td>☐ Student</td> <td>☐ Sport</td> <td>☐ Flight Engineer</td> <td></td> </tr> </table>		☐ None	☒ Flight Instructor	☒ Commercial	☐ US Military	☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign	☐ Student	☐ Sport	☐ Flight Engineer		Medical Certificate <table style="width: 100%;"> <tr> <td>None</td> <td>Class 3</td> </tr> <tr> <td>Class 1</td> <td>Driver's License (Sport Pilot only)</td> </tr> <tr> <td>Class 2</td> <td>Unknown</td> </tr> </table>		None	Class 3	Class 1	Driver's License (Sport Pilot only)	Class 2	Unknown
☐ None	☒ Flight Instructor	☒ Commercial	☐ US Military																		
☐ Private	☐ Recreational	☒ Airline Transport	☐ Foreign																		
☐ Student	☐ Sport	☐ Flight Engineer																			
None	Class 3																				
Class 1	Driver's License (Sport Pilot only)																				
Class 2	Unknown																				
Principal Occupation Pilot Other Unknown		Medical Certificate Validity <table style="width: 100%;"> <tr> <td>Without limitations/waivers</td> <td>Unknown</td> </tr> <tr> <td>With limitations/waivers</td> <td>N/A</td> </tr> <tr> <td>Special Issuance</td> <td></td> </tr> </table>		Without limitations/waivers	Unknown	With limitations/waivers	N/A	Special Issuance													
Without limitations/waivers	Unknown																				
With limitations/waivers	N/A																				
Special Issuance																					
Date of Last Medical <u>10/18/201</u> mm/dd/yyyy																					

Medical Certificate Limitations

None

Medical Certificate Special Issuance

None

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

06/01/2020
mm/dd/yyyy

Flight Review Aircraft

Make: Embraer
 Model: 170/175

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
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Type Ratings

ERJ-170 ERJ-190

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	1886.6	100.5	1498	437.9	255.4	7.7	81.5			
Pilot in Command (PIC)	1470	100.5	1449	21.5	162.9	2.1	40			
Time as Instructor	1109.4	41.8	1109.4	0	152.9	0	0			
This Make/Model					42.1	0	0			
Last 90 Days	106.2	6.1	100.9	88	13.1	0	0			
Last 30 Days	10.2	1.0	17.0	9.2	1.0	0	0			
Last 24 Hours	0	0	6.8	0	0	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		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 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		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		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 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		
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			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other			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	
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KGEU</u> City: <u>Glendale</u> State: <u>AZ</u> Country: <u>United States of America</u>	Time of Departure Time: <u>18:30</u> Time Zone: <u>Arizon</u>	Destination Airport ID: <u>KGEU</u> City: <u>Glendale</u> State: <u>Arizona</u> Country: <u>United States of America~</u>	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
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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 B ☐ Class C ☒ Class D ☐ Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93	☐ Special ☐ Air Traffic Control Area ☐ Unknown	Altitude of In-Flight Occurrence: <u>0</u> ft msl
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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
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Weather Observation Facility

Facility ID: KGEU
 Observation Time: Unknown
 Time Zone: Arizona
 Distance from Accident Site: .1 nm
 Direction from Accident Site: 190 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

Lowest Cloud Condition Height

 ft agl

Ceiling

None (Clear) Obscured
 Broken Indefinite
 Overcast Unknown

Ceiling Height

 ft agl

Temperature: 38 (C) or (F)

Dew Point: (C) or (F)

Altimeter Setting: 29.85 in. Hg
 or MB

Wind Direction

☐ Variable

-or-
 Direction: 230 degrees true

Wind Speed

☐ Calm
☐ Light and Variable

-or-
 Speed: 8 kts

Wind Gusts

☒ Not Gusting

-or-
 Speed: kts

Visibility 10 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
☐ Rain	☐ Ice Pellets	☐ Snow Shower
☐ Snow	☐ Snow Pellets	☐ Ice Pellets Shower
☐ Hail	☐ Snow Grains	☐ Freezing Drizzle
☐ Rain Showers	☐ Ice Crystals	

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	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Icing Actual

Amount	Type
None	N/A
Trace	Rime
Light	Clear
Moderate	Mixed
Severe	Unknown
Unknown	

Turbulence

Type (Check all that apply)	Severity
☒ None	☐ Light
☐ Clear Air	☐ Moderate
☐ Terrain-Induced	☐ Severe
☐ Convective Turbulence	☐ 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)*

RH Main Landing Gear separated from aircraft. Other damage has not been assessed at this time.

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.

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)

29 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 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

Evacuation on left side of aircraft

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

06102020

mm/dd/yyyy

Name of Pilot/Operator: Djimon Green

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.

WPR20LA165

Reviewed by NTSB Regional Office

WPR - Federal Way

Name of Investigator

S. Stein

Date Report Received

6/10/2020

On June 2, 2020, my Friend Cody Howard and I conducted a flight at Glendale airport. We got to N225CK around 6 pm and did the pre-flight we found no defects on the pre-flight and continued as usual. We then taxied out called for touch and goes with the current information and was instructed to taxi to runway 19 via A. Winds were gusty, but right down the runway, nothing that concerned us. Cody took the first takeoff around 6:30 pm; it was decided that we would see who can get the softest landing. In total, we did five landings before the incident. None of which were hard landings or had us concerned about the landing gear. After Cody's landing and take off, I took the controls and flew the traffic pattern as normal tower cleared us for touch and go for runway 19 I began my approach to the runway and came in like every other approach and landing. After touch down, I heard a loud thud, and the airplane veered to the right. I took corrective action and applied left ailerons and rudder to keep it on the runway. At the same time, at a reasonable speed, I applied brake pressure, and the airplane snapped to the right and exited the runway. I killed the power and stopped the prop and told the tower we needed assistance. After coming to a stop, we evacuated the aircraft. I turned the lights and power off, and upon exiting the plane, I saw that the right-hand gear had separated from the aircraft. When airport ops came, I gave them a statement talked to all appropriate personal and filed an ASAP. We stayed until the plane was off the edge of the runway.