NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Registration Number: M72GC	BASIC INFORM	ATION				-				BASIS SEVIS	14.2319.00	gradest et al.	ANG PAGE
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Country USA					State: !	4V	Dat			Lo	ocal Time:	11:15	
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RigCraft INFORMATION Registration Number: N720C Manufacturer: Defavilland						-					ime Zone.	raciiic	
Registration Number: NPZeC Manufacturer: Deltavilland Decisional Decisional Airest Decisional Ai	(Enter in decim	al degrees or i	degrees:minutes:se	rconds)		I	Col	llision with	Other Air	eraft: (— O Midair	On-grour	nd O None
Model: DHC-6-300	AIRCRAFT INFO	RMATIO	N		K. Daring	SCIII NACO II PO		property (a)		enter es	1000		
Maniturcturer: Denaturable Aircraft													_
Maximum Gross Weight; 12500 lbs	Manufacturer: DeHav	villand								ight			
Serial Number: 284	Model: <u>DHC-6-300</u>						M:	aximum Gr	oss Weigh	ıt: 12500)	lbs	
Year of Manufacture: Number of Seats: 21 Flight Crew Seats: 2 Passenger Seats: 19 Passenger Seats: 2 Passenger Seats: 19 Passenger Seats: 2 Passenger Seats: 19 Passenger Seats: 1	Serial Number: 264								-				lbs
Amateur-Built: Oyes f/sec Ckit/Plans Make: Cabin Crew Seats: 2 Passenger Seats: 19 Category of Aircraft Check all that apphy Che	Year of Manufacture:							_					
Category of Aircraft Type of Airwrithiness Certificate Cheek all that apply Standard Special Special Standard Standard Special Standard													
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Engine Manufacturer Serial Number Manufacturer's Serial Number Manufacturer's Model/Series Serial Number Model/Series Of Horsepower or Time Inspection Overhaul (hours)					(00.1.)	☐ None			nknown				
Engine Engine Manufacturer Model/Series Serial Number mm/ddi/yyyy O lbs of Thrust (hours) (hours) (hours) Eng. 1 Eng. 2 Eng. 3 Eng. 4 Last Inspection Type Oloo-Hour O Continuous Airworthiness O Annual O Unknown Date Last Inspection: Model:	}	1	Fugine	I	Manuf	anturap) c						1	
Eng. 2 Eng. 3 Eng. 4 Last Inspection Type Oloo-Hour Ocontinuous Airworthiness OAAIP Oconditional Inspection OAmual Oluknown Date Last Inspection: mm/dd/yyyy Airframe Total Time: hurs hours measured at (Select one) OLast Inspection OTime of Accident/Incident Type of Maintenance Program (Select one) OAnnual OConditional (Amateur-built only) OAnnual OConditional (Amateur-built only) OAnnual OConditional (Amateur-built only) OContinuous Airworthiness OCOIT (121.5 MHz) OCO	Engine Engine Manufa	icturer	Model/Series										
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O Annual O Unknown Date Last Inspection: mm/dd/yyy				Manufac	nd a managara	OGround	Adju	ıstable	Monu	C 1	0	Ground Adjus	stable
Date Last Inspection: mm/dd/yyyy					unci					-			
Airframe Total Time: hrs hours measured at (Select one) O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Other, specify: Description of Fire Extinguishing System O None O Specify: If Yes: ELT Manufacturer: Model or Part No.: TSO No.: OC91 (121.5 MHz) OC91a (121.5 MTz) OC91a (121.5 MTz) OC91a	Date Last Inspection:				etalled:	OVes O	No				inmant (Cu - L all that	
hours measured at (Select one) O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Continuous Airworthiness Indicate Reason: Impact Damage Impact Damage Other, Specify: Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Flight Bag or Handheld Device Electronic Primary Flight Display Electronic Primary Flight Display Electronic Primary Flight Display Indicate Reason: Impact Damage Impact Damage Other, Specify: Other, Specify:	A irframe Total Time:			l	dance.	Q100 C.	140				thmenr (Спеск ан иш	appty)
O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: O Rescription of Fire Extinguishing System O None O Specify: Model or Part No.: TSO No.: OC91 (121.5 MHz) OC91a (Into		nufacture	ar:							
Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: TSO No.: OC91 (121.5 MHz) OC91a (406 MHz) Ublea Cronic Flight Bag or Handheld Device OC91a (121.5 MHz) OC91a (121.5 Mtz) OC91a (121.5 Mt		_	ecident/Incident	1					☐ A uta		ck Indicato	r	
O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Continuous Airworthiness	Type of Maintenance F	rogram <i>(Se</i>	lect one)	TSO No.:	,	, ,)C91a	a (121,5 MHz	z) 🔲 Data	a Recorde		0 115	-
O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Was ELT still connected to antenna? O'Yes ONo Did ELT Activate? O'Yes ONo If activated: Did ELT Aid in Locating Aircraft: O'Yes ONo If not activated: Indicate Reason: Impact Damage O Specify: Battery Expired/Damaged	O Annual			Was ELT		,	.649 /	OV~ ONo	F-1751				vice
O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing System O None O Specify: Did ELT Activate? OYes ONo If activated: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage O Specify: Did ELT Activate? OYes ONo If activated: Satellite Tracking Device Stall Warning System O Other, Specify: O Other, Specify: Did ELT Activate? OYes ONo If not activated: Indicate Reason: Impact Damage O Other, Specify:			ļ						□Elec	tronic Pri	mary Fligh		
Other, specify: Description of Fire Extinguishing System O None O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage O Specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage Other, Specify: Did ELT Aid in Locating Aircraft: OYes ONo Onboard Weather Satellite Tracking Device Other, System Other, Specify:	O Other Approved Inspect	tion Program ((AAIP)	Did ELT	Activate				□Han				
Description of Fire Extinguishing System O None O Specify: If not activated: Indicate Reason: Impact Damage O Specify: Impact Damage Other, Specify: Battery Expired/Damaged		ess				anding Algorat	a. r	Was ONo	□Onb	oard Wea	ther		
O None Indicate Reason: □ Impact Damage □ Video Recording Device O Specify: □ Fire Damage □ Other, Specify: □ Battery Expired/Damaged □ Other, Specify:				1)CRUING ALL CLAI	A: U)Yes Ono	Прис			3	
O Specify: ☐ Fire Damage ☐ Other, Specify: ☐ Battery Expired/Damaged		unguisning	System	, ,		☐ Impact Dan	mage						
	O Specify:			l		☐ Fire Damag	ge		Othe	er, Specify	r.		i
LIUuknown				ľ		☐ Battery Exp ☐ Unknown	oired/	/Damaged					

OWNER/OPERATOR INFORMA	ATION (1974)		
Registered Aircraft Owner		City: Kirkland	2000000
Name: Monarch Enterprises		State: WA ZIP: 98034	
Fractional Ownership Aircraft: O Yes ©) No	Country: USA	
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner	
Name: Grand Canyon Airlines Inc.		City: Boulder City	
Doing Business As:		State: NV ZIP: 89005	
Air Carrier/Operator Designator (4 Characte		Country: USA	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)	
□ 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)	OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR	AR 415 AR 431 AR 435 AR 437 O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only	
☐ Commercial 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	O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Racc/Show O Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning	
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry	
OYes ⊙ No	O Yes O No		
AIRPORT INFORMATION (Fill in.)	f accident/incident occurred on ap	approach, landing, takeoff, departure, or within 3 miles of an airport)	
Airport Name: Boulder City Municipal	· -	Distance From Airport Center: 0 sm	-
Airport Identifier: KBVU		Direction From Airport: 0 degrees true	
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip ON/A		
Runway Information Runway ID: 27 (L/R/C) Length: 480 Runway/Landing Surface (Check all that application of the content of th	oply) lam □ Water	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)			
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	dure/Clearance On Instrument Ap Landing	Approach OBase OFinal OCrosswind ODownwind OGo Around OAborted Landing (after touchdown) OUnknown	
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply) □None	
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ 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☐ Unknown☐ ☐ Unknown☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

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"Flight Crewmember 1" Re					_		_			
		OFlight Ins		Check Pile	ot O Flig	tht Engineer	O Other	Flight Crew		
		S MINO								
"Flight Crewmember 1" Id- First Name: John Stoberski					C!+£D					
Middle Initial:										
1					State:			ZIP:		-
Last Name:						•				
Age at time of	Accident/Incident: _					E	nm/dd/yyyy			
		Cert	tificate Nun		···					
Degree of Injury	Seat Occupied	N P	0.11		Restraint T	ype			Inflatable :	Restraints
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O Serious		Single			O None O Lap o		O None O Lap on	lv	☑ Not Ins	
Pilot Certificate(s) (Check al	l that apply)				O3-poi	nt	O3-point		☐ Not De	eployed
□ None □ Flight I			US M		⊙ 4-poi ○ 5-poi		• 4-point		☐ Deploy ☐ Unkno	
☐ Private ☐ Recreat ☐ Student ☐ Sport		e Transport Engineer	Foreig	n	O Unkn		O Unkno		_ симие	****
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	Medical Certificate				Medical Cer		•		Date of La	st Medical
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	Class 2 OUnk		e (Sport Filot		O Special Iss		18 01	VA.	mm/dd/y	
Medical Certificate Limitati	ons									
Medical Certificate Special	Isauanaa						<u>.</u>			
Medical Certificate Special	issuance									
Date of Last Flight Devices		F31 1 7 5								
Date of Last Flight Review or Equivalent, Including		_	teview Aire							
FAR 121/135 Checks:		1								
	mm/dd/yyyy	Model: _	-							
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)	ing(s)	1	ent Rating I that apply)	J ()		r Rating(s)			
□ None	☐ None		□ None	стаг арргу)	' .	Check all □ None	that apply)	_	Instrument	Airplana
Single-Engine Land	Airship		☐ Airpla			Airplan	e Single-Eng	ine 🗆	Instrument	
☐ Single-Engine Sca☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico				e Multi-Engi	ne 🗀	Helicopter Glider	-
☐ Multiengine Sea	☐ Gyroplane		Li rowere	eu Liii		☐ Gyropl: ☐ Powere			l Glider] Sport	
	☐ Helicopter☐ Powered Lift									
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						Student 1	Muoi seme	ись (листице г	uuies)	
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number of hours in each box)	Aircraft & M	lodel	Engine	Multiengin	ne Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor							ļ	and following the decision		
This Make/Model Last 90 Days										
Last 30 Days	 -					 		-	<u> </u>	
Last 24 Hours		-	-							

"Flight Crewmember 2" Re		MATIO		ezzitekona erendeki.				CHARLES OF CASE LS
OPilot OCo-Pilot		Time of A OFlight Inst		Pilot OFli	ght Engineer OOthe	r Flight Crew		
"Flight Crewmember 2" wa	s pilot flying 🛛 Y	es 🗆 N	o		•	ū		
"Flight Crewmember 2" Ide	entification							
First Name: <u>Ken</u>				City of R	esidence:			
Middle Initial: R			,					
Last Name: Miller						ZIP:		
	Accident/Incident:		Date of Birth:	Country:	mm/dd/yyyy		770.11	
Ago at time of A	Accident/incluent				mm/aa/yyyy			
Degree of Injury	Seat Occupied	Certii	ficate Number:	Donton los 6.0		<u> </u>		
O None O Fatal		OFront	OUnknown	Restraint T			Inflatable F	Restraints
O Minor O Unknown O Serious	● Right (ORear OSingle	O OMANOWA	Availah O Non	e O None		☑ Not Ins	
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☐ None ☐ Flight II		nercial	US Military	⊙ 4-po	int © 4-poir	nt	Deploy	ed
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☐ Student ☐ Sport	☐ Flight	Engineer) O Olik	nown O Unkne	own		
Principal Occupation M	Icdical Certificate	·		Medical Co	ertificate Validity		Date of Las	t Medical
	None O Clas		(C 10:1.41.3			Unknown	01/17/202	on.
	O Class 1 O Driv		(Sport Pilot only)	O Special Is.		N/A	mm/dd/yy	
Medical Certificate Limitation				· · · · · · · · · · · · · · · · · · ·				
Medical Certificate Special I	ssuance							
-								
Date of Last Flight Review		Flight R	eview Aircraft					
or Equivalent, Including		~						
FAR 121/135 Checks:	mm/dd/yyyy	Model:						
Airplane Rating(s)	Other Aircraft Rat							
			Instrument Des	(-)				
(Спеск ан тат арргу)		ing(s)	Instrument Rat		Instructor Rating(s)			
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☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land	(Check all that apply) ☐ None	ang(s)	(Check all that app ☐ None ☐ Airplane ☐ Helicopter		Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Eng ☐ Airplane Multi-Engi	ine 🔲	Instrument H Helicopter	irplane elicopter
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None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	(Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Make	(Check all that application of the content of the c	ane	Instructor Rating(s) (Check all that apply) None Airplane Single-Eng Gyroplane Powered Lift Student Endorsement	ine	Instrument H Helicopter Glider Sport ates) Glider	Lighter Than Air

ADDITIONAL FLI							134 111101111111111111	<u> </u>	Approximation of the Control of the Assessment
Crew Name and Add							Seat Occupi	ed	Injury
							O Left O Center	O Front O Rear	O None O Minor
	Middle Initial: State: Z1P: Last Name: Country:						ORight	O Single	O Serious
Last Name:		Coun	ıtry:			_		OUnknown	O Fatal O Unknown
Pilot Certificate(s) (6							Restraint Ty Available	pe: Used	Inflatable
□ None □ Private	☐ Flight Instructor ☐ Recreational	□ Com □ Airli	mercial ne Trans		S Military reign		O None	O None	Restraints Not Installed
☐ Student	Sport		ne Trans nt Engine		reign		O Lap Only O3-point	O 3-point	☐ Installed
Type Rating/Endorse	ement for		Total F	light Time a	t the Time		O4-point O5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident Air	rcraft?	□ No	of this A	Accident/Inc	ident:		O Unknown	O Unknown	☐ Unknown
Crew Name and Add	ress	A STATE OF THE STA					Seat Occupio	ed	Injury
First Name:		City c	of Reside	ence:		<u> </u>	OLeft	OFront	ONone
Middle Initial:		State:			ZIP:		OCenter ORight	O Rear O Single	O Minor O Serious
Last Name:		Count	try:	****			<u> </u>	OUnknown	O Fatal O Unknown
Pilot Certificate(s) (C							Restraint Ty		Inflatable
□ None □ Private	☐ Flight Instructor	Comm			Military		Available O None	Used O None	Restraints
☐ Private ☐ Student	☐ Recreational ☐ Sport	□ Airlin □ Fligh	•		reign		O Lap Only O 3-point		Not InstalledInstalled
· · · · ·		<u>-</u>					O 4-point	O 4-point	☐ Not Deployed
Type Rating/Endorse Accident/Incident Air				light Time a Accident/Inci		hrs	O 5-point O Unknown	O 5-point	□ Deployed□ Unknown
			DI ****	100100		****	O University	O 0	-
PASSENGEN(S)	OTHER PERSO	NNEL (In	iclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)		
	OTHER PERSO	NNEL (In	iclude c					Inflatable	
Name and Address	OTHER PERSO	NNEL (In	iclude c	abin crew; c	ontinue on s Injury	Restraint T	ype		Age
Name and Address First Name:	City :				Injury	Restraint T Available ONone	ype Used O None	Inflatable Restraints	
Name and Address First Name: Middle Initial:	City : State: 2	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available O None O Lap Only	ype Used ONone OLap Only	Inflatable Restraints Not Installed Installed	☐ Under 5 years
Name and Address First Name:	City : State: 2	ZIP:		Seat OLeft	Injury	Restraint T Available O None O Lap Only O 3-point O 4-point	Vype Used ONone OLap Only O 3-point O 4-point	Inflatable Restraints ☐ Not Installed	☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial:	City : State: 2	ZIP:		Seat OLeft OCenter ORight	O None O Minor O Serious	Restraint T Available O Nonc O Lap Only O 3-point O 4-point	ype Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name:	City : Z State: Z Country: OPassenger	ZIP:Othe		Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew	City : 2 State: 2 Country: OPassenger City :	ZIP:O Othe	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial:	City: State: 2 Country: OPassenger City: State: 2 Country: OPassenger City: State: 2 Country: OPassenger City: State: 2 Country: Country: 2	ZIP:OOthe	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O3-point O4-point O5-point O Unknown Available O None O Lap Only O3-point O 4-point O 5-point O Unknown Available O None O Lap Only O3-point O 4-point O 5-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown	Inflatable Restraints Not Installed Iostalled Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

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Last Departure Point	Tir	ne of Departure			de la companya de la	Type Flig	ht Plan Filed
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City: Boulder City		ne: 10:05		lder City		© Company	
State: NV	Tim	ne Zone: Pacific	State: NV			O Military O VFR	VFR O Unknown
Country: USA	<u></u>		Country: U			_	OYes ONe OUnknown
Type of ATC Clearance/S		t apply)					
□ VFR	☐ Special VFR ☐ IFR	□ VF	pecial IFR FR On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Airspace where the accide							Altitude of In-Flight
· ==	☑ Class G ☑ Demo Area		ilitary Operations irport Advisory A		☐Special ☐Air Traffic Contr	e-likeon	Occurrence:
Class C	☐ Warning Area	☐ Jet	t Training Area	16a	Unknown	ioi Aica	2200 ft msl
Class D	Prohibited Area	☐ TR	RSA				
	Restricted Area	□ FA			and the second s	or other facilities of the second	THE R. S. L. C. S. L. C. S. L.
WEATHER INFORM		EACCIDEN	T/INCIDEN	W. Carlotte, 1971	Studies and Co. Sec.		
Source of Pilot Weather In (Check all that apply)	1formation		!		bservation Facility	•	
☑ National Weather Service	☐ Com		!	Facility ID: KI			
☐ Flight Service Station	☐ Mili	itary	!	Observation Ti			
 □ TV/Radio ☑ Automated Report 	☐ Inter ☐ Non		,	Time Zone: P			
Commercial Weather Service			1		Accident Site: 0		nm
On-Board Weather			ļ	Direction from	n Accident Site: 0		degrees true
Basic Conditions	_	Light Conditi					
⊙ VMC		ODawn ODawn	ODusk Objects	-	-	nknown	
O IMC O Unknown		⊙ Day	ONight	OBrig	ght Night		
Sky/Lowest Cloud Conditi	· ·	Ceiling					
Sky/Lowest Cloud Condin	O Thin Broken	O None (Clear)	~ 0	Obscured	1		(C) or(F)
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point: _0	1((C) or(F)
O Partial Obscuration	OUnknown	O Overcast	_	Unknown	Altimeter Setti		
O Scattered Lawset Cloud Condition I	• 1.4	O The Hoigh			Allineita		in. Hg MB
Lowest Cloud Condition I	Height ft agl	Ceiling Heigh	it	ft agl		·	
	ii agi			11 agi			
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles
✓ Variable	☑ Calm	1	☑ Not Gustin	.ig	RVR		
	☐ Light and Varia	ible					·—
-or- Direction: degrees true	e Speed:	kts	-Or-	loto		":	
			Speed:	kts	Density Altitud		ft
Intensity of Precipitation	Type of Precipits					· · · · · · · · · · · · · · · · · · ·	Check all that apply)
O Light O Moderate	☑ None □ Rain	☐ Drizzle ☐ Ice Pellets	☐ Freezing ☐ Snow Sh		☑ None ☐ Blowing Dus	II F ust □ C	Fog Ground Fog
O Heavy	□ Snow	☐ Snow Pellet:	ets 🔲 Ice Pelle		☐ Blowing San	nd 🔲 H	Hazc
⊙ N/A	🗖 Hail	☐ Snow Grain:	ns 🗖 Freezing		☐ Blowing Sno	ow 🔲 k	Ice Fog
OUnknown	☐ Rain Showers	☐ Ice Crystals	ı		☐ Blowing Spr ☐ Dust		Smoke Unknown
Icing Forecast		Icing Actual			Turbulence		JIIIIO VII
Amount Type	'	Amount	Туре		Type (Check all	ll that apply)	Severity
O None O N/A	'	⊙ None	ON/A		None	44	□Light
O Trace O Rime O Light O Clear	'	O Trace	O Rime O Clear		☐ Clear Air ☐ Terrain-Indu		☐ Moderate
O Moderate O Mixed		O Moderate	O Clear O Mixed		Convective T		□ Severe □ Extreme
O Severe O Unknow		O Severe	O Unkno			Ma C	ind driver variation
OUnknown		O Unknown	_				
NOTAMs (D and FDC),	AIRMETS, SIGN	IETs, PIREPs	s in effect at t	the time of th	ne accident/incid	lent:	

DAMAGE	TO AIRCRAFT A	ND OTHER PRO	PERTY CONTRACTOR STANDARD		a a legado e Perenau a Alexandra (Cara
Aircraft Dan O None O Minor	O Substantial O Destroyed O Unknown	Aircraft Fire O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description o	f Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
	E HISTORY OF FLI		print in ink) g circumstances leading to and nat	re of accident/incide	nt Describe terrain and include
wreckage dist	ribution sketch if pertine rovide as much detail as	ent. Attach extra sheet	ts if needed. State departure time and	and location, services	s obtained, and intended
desimation. 1	Tovide as much detail as	possioie.			

RECOMMENDATION (He	w could this	accident/incident h	ave been preve	inted?)				
Operator/Owner Safety Recom	mendation	···						
Enhance briefing of positive t	transfer of c	ontrois to include h	ands and feet	off the	flight controls.			
	a sa isolawa jiy			e e e e e e e e e e e e	C - 60 F - 25 C - 25 C -			
MECHANICAL MALFU			re space is nee	ded, co	ntinue on sepa	rate sheet)	e parades a seco	Section 1999
Was there Mechanical Malfur (If yes, list the name of the part, man			scribe the failure,)			Total Time/Cy On Part	/cles
								_ Hours
								_Cycles
							Til or one	
							Time Since Th Inspected/Ove	
							,	
								_ Hours
FUEL & SERVICES INF	OPMATI	ON		SS6/40-15				
Fuel on Board at Last Takeoff	The La MANAGOR	Fuel Type	E Sales and Alles	CERTS AND		Significant Part (Same) (18)		8,19,821.91
(Convert from pounds, as necessary,		O 80/87	O 115/145		O Jet B	O Other, specify _		
210	Gallons	O 100 Low Lead O 100/130	Jet AJet A-1		O JP8 O Automotive			
Other Services, if Any, Prior to	o Departure		O JOL A-1		O Automotive	<u> </u>		
- ·,,,								
*=\/.\\			et torioù avez a est a e	raid concerns		SECTION OF COMMENTS		
EVACUATION OF AIRC	RAFL		ka esti Siratineteni					
Was an emergency evacuation				l No				
Method of Exit – Describe how								
Pilots exited the aircraft from	their cockpi	t doors, left and righ	nt respectively	. 2 pilot	ts onboard, 0 p	bassengers.		
OTHER AIRCRAFT - C	OLLISIO	(If air or ground o	ollision occur	red, con	nplete this sect	ion for other aircra	aft)	
Aircraft Registration Number	· -	ırer:				Da	mage to Other Ai	reraft
								Minor
Registered Owner of Other Air					Other Aircraft		Substituti L	None
Name:								
City: ZIP:				:ity:				_
State: ZIP: Country:			S	tate:		ZIP:		 -

		ION (Please type or print in lnk)			
Use this space if add	litional spac	ce is needed for any answers.			
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	Y THAT T	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCUF	RATE TO THE BEST OF I	AY KNOWLEDGE
Date of this Report	Name of	Pilot/Operator:			Control of
04/02/2020		e:	<u> </u>		
mm/dd/yyyy	or	Check here to electronically sign this			
If a Person Other the	an Pilot/Op	perator is Filing Report			
Name: Jeff Sch				Title: Director of Opera	rations
				I Ilie,	ations
		o electronically sign this document			
	And Servery	FOR NTSB (USE ONLY	-National and American	
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investig	gator	Date Report Received
WPR20CA112	2 1	WPR	Michael Hul		4/2/20

 From:
 Image: Restrict of the content of t

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EMMA is closest to 'continuous airworthiness'

On Fri, Apr 3, 2020 at 1:39 PM Jeff Schutt < wrote:

Here you go. Jeff.

----- Forwarded message -----

From: **Chad Miller** <

Date: Fri, Apr 3, 2020 at 8:50 AM Subject: Re: NTSB Report N72GC

To: Jeff Schutt

Jeff,

See Below in red.

- a. Last Inspection Type EMMA 35
- b. Date of last inspection 9-25-2019
- c. A/F TT 50964.0
- d. Type of maintenance program CAMP program per Grand Canyon Airlines GMM
- e. ELT installed? Yes a ACK model E-01 ELT
- f. ELT Activate? (I didn't hear anything that it did) NO

Chad Miller
Director of Maintenance
Grand Canyon Airlines
Boulder City, NV 89005
Phone: