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: Boulder City Airport   State: NV

ZIP: _____ Country: _____

Latitude: _____   Longitude: _____

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

Accident/Incident Date/Time

Date: _____03/07/2020_____   Local Time: _11:10_____
mm/dd/yyyy

Time Zone: _Pacific_____

Collision with Other Aircraft: ○ Midair   ○ On-ground   ◉ None

AIRCRAFT INFORMATION

Registration Number: N72GC

Manufacturer: _____

Model: _____

Serial Number: _____

Year of Manufacture: _____

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

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

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: _____   Flight Crew Seats: _____

Cabin Crew Seats: _____   Passenger Seats: _____

Number of Engines: _____

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								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

○ 100-Hour   ○ Continuous Airworthiness
○ AAIP   ○ Conditional Inspection
○ Annual   ○ 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: _____

Model: _____

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: _____

Fractional Ownership Aircraft: ○ Yes ○ No

City: _____

State: _____ ZIP: _____

Country: _____

Operator of Aircraft ☐ *Same As Registered Owner*

Name: _____

Doing Business As: _____

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

☐ *Same Address as Registered Owner*

City: _____

State: _____ ZIP: _____

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

Revenue Sightseeing Flight
   ○ Yes   ○ No

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

Air Medical Flight
   ○ Yes   ○ No

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

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____

Airport Identifier: _____

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

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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" 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: _____   City of Residence: _____

Middle Initial: _____   State: _____   ZIP: _____

Last Name: _____   Country: _____

Age at time of Accident/Incident: _____   Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury

○ None   ○ Fatal
○ Minor   ○ Unknown
○ Serious

Pilot Certificate(s) *(Check all that apply)*

☐ None   ☐ Flight Instructor   ☐ Commercial   ☐ US Military
☐ Private   ☐ Recreational   ☐ Airline Transport   ☐ Foreign
☐ Student   ☐ Sport   ☐ Flight Engineer

Seat Occupied

○ Left   ○ Front   ○ Unknown
○ Right   ○ Rear
○ Center   ○ Single

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

Principal Occupation

○ Pilot
○ Other
○ Unknown

Medical Certificate

○ None   ○ Class 3
○ Class 1   ○ Driver's License (Sport Pilot only)
○ Class 2   ○ Unknown

Medical Certificate Validity

○ Without limitations/waivers   ○ Unknown
○ With limitations/waivers   ○ N/A
○ Special Issuance

Date of Last Medical

_____
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) *(Check all that apply)*

☐ 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   ☐ Instrument Airplane
☐ Airplane Single-Engine   ☐ Instrument Helicopter
☐ Airplane Multi-Engine   ☐ Helicopter
☐ Gyroplane   ☐ Glider
☐ Powered Lift   ☐ Sport

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 Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	■		■					■		
Last 90 Days										
Last 30 Days										
Last 24 Hours										

"FLIGHT CREWMEMBER 2" INFORMATION

"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 ☐ No

"Flight Crewmember 2" Identification

First Name: Kenneth   City of Residence: Henderson

Middle Initial: R   State: NV   ZIP: 89002

Last Name: Miller   Country: USA

Age at time of Accident/Incident: 53   Date of Birth: ████/1967 *mm/dd/yyyy*

Certificate Number: ████████

Degree of Injury	**Seat Occupied**	**Restraint Type**	**Inflatable Restraints**

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 ☐ Flight Instructor ☑ Commercial ☐ US Military
☑ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
◉ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3
◉ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity
○ Without limitations/waivers ○ Unknown
◉ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical
01/17/2020
mm/dd/yyyy

Medical Certificate Limitations
Must wear corrective lenses

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 09/26/2018 *mm/dd/yyyy*

Flight Review Aircraft
Make: Beech
Model: BE-95 Travel Air

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 ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

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	583	4	562	13	48	15	63			
Pilot in Command (PIC)	539	0	525	9	45	13	42			
Time as Instructor	0	0	0	0	0	0	0			
This Make/Model					0	0	2			
Last 90 Days	8	4	4	4	0	0	2			
Last 30 Days	6	4	3	4	0	0	2			
Last 24 Hours	1	1	0	0	0	0	0			

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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: _____	O Left O Front O Center O Rear O Right O Single O Unknown	O None O Minor O Serious O Fatal O Unknown

Pilot Certificate(s) *(Check all that apply)*	Restraint Type: Available Used	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ 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: _____	O Left O Front O Center O Rear O Right O Single O Unknown	O None O Minor O Serious O Fatal O Unknown

Pilot Certificate(s) *(Check all that apply)*	Restraint Type: Available Used	Inflatable Restraints
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ 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 Available Used	Inflatable Restraints	Age
First Name: _____ City : _____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: _____ Country: _____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: _____ City : _____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: _____ Country: _____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: _____ City : _____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: _____ Country: _____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: _____ City : _____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: _____ Country: _____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	O None O None O Lap Only O Lap Only O 3-point O 3-point O 4-point O 4-point O 5-point O 5-point O Unknown O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: _____	Time: _____	Airport ID: _____	○ None ○ VFR/IFR
City: _____		City: _____	○ Company VFR ○ IFR
State: _____	Time Zone: _____	State: _____	○ Military VFR ○ Unknown
Country: _____		Country: _____	○ VFR

Activated?   ○ Yes   ○ No   ○ Unknown

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)*

				Altitude of In-Flight Occurrence:
☐ Class A	☐ Class G	☐ Military Operations Area (MOA)	☐ Special	
☐ Class B	☐ Demo Area	☐ Airport Advisory Area	☐ Air Traffic Control Area	
☐ Class C	☐ Warning Area	☐ Jet Training Area	☐ Unknown	_____ ft msl
☐ Class D	☐ Prohibited Area	☐ TRSA		
☐ Class E	☐ Restricted Area	☐ FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information
(Check all that apply)

☐ National Weather Service   ☐ Company
☐ Flight Service Station   ☐ Military
☐ TV/Radio   ☐ Internet
☐ Automated Report   ☐ None
☐ Commercial Weather Service (DUATS)   ☐ Unknown
☐ On-Board Weather

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ 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: _____ (C) or _____ (F)

Dew Point: _____ (C) or _____ (F)

Altimeter Setting: _____ in. Hg
                       or _____ MB

Wind Direction	Wind Speed	Wind Gusts	Visibility _____ miles
☐ Variable	☐ Calm	☐ Not Gusting	RVR: _____ feet
	☐ Light and Variable		RVV: _____ miles
-or-	**-or-**	**-or-**	**Density Altitude:** _____ ft
Direction: _____ degrees true	Speed: _____ kts	Speed: _____ kts	

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

O None   O Substantial
O Minor   O Destroyed
           O Unknown

Aircraft Fire

O None   O Both Ground and In-Flight
O In-Flight   O Fire at Unknown Time
O On-Ground   O Unknown

Aircraft Explosion

O None   O Both Ground and In-Flight
O In-Flight   O Explosion at Unknown Time
O On-Ground   O Unknown

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

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On 3/7/20 at approximately 10:05 (18:05Z) departed from KBVU in N72GC for a training flight for myself (Ken Miller) as co-pilot, with instructor pilot John Stoberski.

After approximately an hour of flying training maneuvers in the local practice area located south of the airport, returned to KBVU to start a series of landings.

Upon the first landing, at approximately 11:10 (19:10Z), I landed on runway 27 at KBVU for what felt like a normal landing. Main wheels touched down close to the 1000ft marker, and then shortly after the nose wheel touched down. The plane started to drift to the right. I attempted to correct with left rudder, but the plane continued to drift.

As the plane approached the right (north) edge of the runway, Stoberski took over the controls by announcing "My Controls". I relinquished the flight control and responded with "Your Controls". The plane continued to drift to the right side of the runway, and toward the parallel ditch along the north side of the runway. The plane continued along, down into the ditch, bouncing up out of the ditch where the ditch terminated at taxiway B. The plane continued across taxiway B, and across runway 15/33 with several significant bounces.

Aircraft finally came to rest in the dirt area north of runway 9/27, west of runway 15/33, and south of taxiway D.

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)

_____ 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 AIRCRAFT

Was an emergency evacuation of the aircraft performed?   ☐ Yes   ☐ No

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

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

Aircraft Registration Number	**Manufacturer:** _____ **Model:** _____	**Damage to Other Aircraft** ☐ Destroyed ☐ Minor ☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

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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	
03/19/2020 *mm/dd/yyyy*	**Name of Pilot/Operator:** Kenneth R Miller **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.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR20CA112	WPR	Michael Huhn	3/19/20

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