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			Accident/Incid	ent Date/Time			anni jaa fi tali maa soo talii maas ki aannii saa fii liifa
Nearest City/Place: DALLAS	State	e: <u>TX</u>	Date: <u>02/0</u>	3/2016	Local Time:	11:00	
ZIP: <u>752.37</u> Country: <u>USA</u>			mm/de	איניניאן	Time Zone:		
Latitude: Longitude:					ime Zone:	<u> </u>	
(Enter in decimal degrees or degrees:minutes:se	conds)	, , , , , , , , , , , , , , , , , , ,	Collision with	Other Aircraft	: O Midair	OOn-grour	nd X None
AIRCRAFT INFORMATION							
Registration Number: <u>N61429</u>		***************************************		ped and Certific	d		
Manufacturer: North American			Commerci Unmanned	al Space Flight Aircraft			
Model: P51C mustawg Serial Number: 103-26199			Maximum Gr	oss Weight: 🟒	9,500	lbs	
			Weight at Tin	ie of Accident/I	ncident: <u>6</u>	२ ७७	lbs
Year of Manufacture: 1942			Number of Se	ats:2_	Flight Cr	ew Seats:	X
Amateur-Built: OYes If Yes: OKit/Plans Ma			Cabin Crew Seat	s:		r Seats:	
Original Design			Number of En	gines:		-	
Category of Aircraft Type of Airworthiness Ce	ertificate	Landing Gea		En	gine Type (S	elect one)	
Airplane (Check all that apply) OBalloon Standard Special		(Check all that		X X	Reciprocating	O Liqui	id Rocket
OBlimp/Dirigible Normal Restrict		☐Tricycle	letractable		Furbo Shaft Furbo Prop		l Rocket id Rocket
OGlider Aerobatic Limite				"''''''' O	Furbo Jet	ONone	;
OGyroplane Balloon Provisi OHelicopter Commuter Special		☐ Amphibian☐ Emergency			Furbo Fan Electric	O Unkr	iown
OPowered Lift	mental	Float			=1ectric		
ORocket Utility Special OUtralight	Light-Sport	□Hull		.! (337to a.a.)	l System Type	(Reciprocati	ng)
Ollpknown	mental Light-Spo	☐ Other Laur	nch/Recovery Sys		Carburetor	•	Injected
Certificate of Authorization	or Waiver (COA Unknown	None None		nknown		_	•
			Date	Rated Power	Total	Time	Since:
Engine Engine Manufacturer Engine Model/Series		nufacturer's ial Number	of Mfg.	Horsepower blbs of Thrust		Inspection	
Eng. 1 Rough, Engines V-1650-		ai ivanidei	mm/dd/yyyy	1497	(hours)	(hours)	(hours)
Eng. 2					3,60	<u> </u>	
Eng. 3							
Eng. 4							
Last Inspection Type	Propeller 1	OFixed Pit		Propeller 2		Fixed Pitch	D'. 1
Ol00-Hour OContinuous Airworthiness						Controllable I Ground Adjus	
OAAIP OConditional Inspection OUnknown	Manufacturer:	OGround A	<u>valuatio</u>	Manufactur	er:		
Annual OUnknown	غ	24 P50		Model:			
Date Last Inspection:	ELT Installe	d: QYes ON	lo	Additional E	Equipment (Check all that	t apply)
Airframe Total Time:hrs	If Yes:			□ADS-B			·41 27
hours measured at (Select one)		turer:		Airframe	Parachute Attack Indicate		
OLast Inspection OTime of Accident/Incident		No.:		M Autopilet		1	
Type of Maintenance Program (Select one)		91 (121.5 MHz) O 126 (406 MHz)	C91a (121.5 MHz	Data Reco	order		
▼ Annual			6 77. 6 31		: Flight Bag or : Multifunction		vice
O Conditional (Amateur-built only) Was ELT still mounted in					Primary Fligh		
O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP)	ate? 🕱 Yes ON	0	1 ≱4Handheld				
O Continuous Airworthiness	·		☐Heads Up ☐Onboard V				
O Other, specify:	}	n Locating Aircraft	∷OYes 🌠No	Satellite T	racking Devic	e	
Description of Fire Extinguishing System	If not activated			Stall Warr			
None Specify:	Indicate Reaso	n: Impact Dam Fire Damage		Other, Spe	cording Device	;	
o openiy.		Battery Exp		omer, ope	oony.		
		Unknown					

OWNER/OPERATOR INFORMA	ATION	
Registered Aircraft Owner	4	City: OAIIAS
Name: American Air Rules	- Her itage Flying Musi	Seum State: TX ZIP: 75237
Fractional Ownership Aircraft: O Yes 🕱	7	Country: USA
Operator of Aircraft Same As Re	gistered Owner	🗷 Same Address as Registered Owner
Name:	and the second s	City:
		State: ZIP:
Air Carrier/Operator Designator (4 Charact	er Code):	Country:
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 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	AR 431 O Non-Scheduled or Air Taxi O International AR 435
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	O Acrial Application O Acrial Observation O Acrial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Executive/Corporate O O O O O O O O O O O O O O O O O O O
Revenue Sightseeing Flight O Yes Ø No	Air Medical Flight OYes X No	O External Load O Skydiving O Ferry
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	approach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: DALLAS EXECTAIRPORT Identifier: KRGD Proximity to Airport: O Off Airport/Airstri	Tive Airport	Distance From Airport Center: sm Direction From Airport: degrees true
Runway Information	THE STATE OF THE S	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 3 (L/R/C) Length: 3 Runway/Landing Surface (Check all that a Check all that a C	<i>pply)</i> dam □ Water /Wood	
Approach/Departure Segment (Select one,		
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Apedure/Clearance SL anding	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
□None		□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	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Full Stop ☐ Precautionary Landing☐ ☐ Full Stop ☐ Precautionary Landing☐ ☐ Full Stop ☐ Precautionary Landing ☐ Precautionary ☐ Precauti
	■Unknown	☐ Unknown

"FLIGHT CREWMEN	IBER 1" INFO	DRMATIC	ON							
"Flight Crewmember 1" Ro Pilot O Co-Pilot "Flight Crewmember 1" wa	esponsibilities at t O Student Pilot		Accident/Inconstructor C	cident Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew		And the second s
"Flight Crewmember 1" Id		Zires III	NO							
First Name: William					ity of Do	oidonaa. (Loods	To a W		
Middle Initial: V					-				-1-1	
Last Name: Shepo	la					MARICA		ZIP: <u>1V41</u>	1//	•
			TO		Country:	CAM				
Age at time of	f Accident/Inciden		_ Date of E ertificate Nun				ım/dd/yyyy			
Degree of Injury	Seat Occupie			Res	traint Ty	pe ·			Inflatable I	Restraints
O None O Fatal Minor O Unknown Serious	O Left O Right O Center	Front Rear Single	O Unknov	wn	Available O None	-	Used O None	***************************************	Not Ins	
Pilot Certificate(s) (Check a	ll that apply)				O Lap or O3-poir		OLap onl O3-point		☐ Not De	
□ None □ Flight □ Private □ Recrea □ Student □ Sport	itional 🔲 A	ommercial irline Transpe light Enginee			O4-point O4-point			☐ Deploy ☐ Unknow		
Principal Occupation	Medical Certifica	ite	· · · · · · · · · · · · · · · · · · ·	Med	lical Cer	tificate Va	lidity		Date of Las	st Medical
% Other	Class 1	Class 3 Driver's Lice Unknown	nse (Sport Pilot	tonly)		nitations/wai tions/waiver nance		Inknown I/A	08/20/ mm/dd/y	2015
Medical Certificate Limitat										
Medical Certificate Special		- 3								9800 1
			w							
Date of Last Flight Review or Equivalent, Including			Review Airo							
FAR 121/135 Checks:	05/10/2014			America	<u> </u>					
	mm/dd/yyyy	Model	<u>: PSI</u>							****** <u>*</u>
Airplane Rating(s)	Other Aircraft			ent Rating(s)			r Rating(s)			
(Check all that apply) □ None	(Check all that ap	ply)	1 '	l that apply)		(Check all		_		_
'⊠-Single-Engine Land □ Single-Engine Sea □ Multiengine Land □ Multiengine Sea	Airship Balloon Glider Gyroplane Helicopter Powered Lift		□ None □ Airpla □ Helico □ Power	pter		☐ Airplan ☐ Gyropla ☐ Powere	d Lift	ne C	Instrument Instrument Helicopter Glider Sport	
Type Ratings PらI						Student I	Endorsemei	nts (Include d	dates)	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	rument	Rotorcraft	Glider	Lighter Than Air
Total Time	1815	187]	
Pilot in Command (PIC)										
Time as Instructor			KO MINISTER MANAGEMENT AND	SIAWANA Weensanta						
This Make/Model										
Last 90 Days	5.8	0	5.8_							
Last 30 Days										
Last 24 Hours	1	l		ı	i	1	1	i .	1	1

"FLIGHT CREWMEN	IBER 2" INFOR	MATIO	N							
"Flight Crewmember 2" Ro OPilot OCo-Pilot		Time of A DFlight Inst		ident Check Pilot	Ofli	ght Engineer	OOther I	Flight Crew		****
"Flight Crewmember 2" w	as pilot flying Y	es 🗖 N	lo							
"Flight Crewmember 2" Id	entification									
First Name:				(Lity of Re	esidence:				
Middle Initial:										
Last Name:								IP:		
				•						
Age at time of	Accident/Incident:					<i>mn</i>	ı/dd/yyyy			
DCT *		Certi	ficate Numb			<u>.</u>				
Degree of Injury O None O Fatal	Seat Occupied OLeft C	Front	OUnknow		straint I	Type			Inflatable R	lestraints
O Minor O Unknown O Serious	ORight C	Rear Single	Ouknow	1.1	Availab O Non	e	Used O None		□Not Inst	
Pilot Certificate(s) (Check a	ll that apply)				O Lap O 3-pc		O Lap only O 3-point	y	☐Installed ☐Not Der	
☐ None ☐ Flight		nercial	■ US Mil	itary	O 4-pc	int	O 4-point		Deploye	d
Private Recrea	itional 🔲 Airlin	e Transport			O 5-po O Unk		O 5-point O Unknov	vn .	Unknov	/n
☐ Student ☐ Sport	LI Flight	Engineer			Onk	1101111	Olikilov	V11		
Principal Occupation	Medical Certificate			Me	dical Ce	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Clas			lo		imitations/wai	=	nknown		
O Other	O Class 1 O Driv	er's Licens	e (Sport Pilot			tations/waivers	S ON	//A	mm/dd/yy	
	O Class 2 O Unk	nown		10	Special Is	suance			mm/aa/yy	<i>'yy</i>
Medical Certificate Limitat	tions									
Medical Certificate Special	Issuance									
1										
Date of Last Flight Review		Flight B	Review Airci	-aft				.	·····	~~~
or Equivalent, Including										
FAR 121/135 Checks:										
	mm/dd/yyyy	Model: _								
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat			ent Rating(s	s)	Instructor				
None None	None None		□ None	іпат арріу)		(Check all the	аі арріу)	-	Instrument A	!too
☐ Single-Engine Land	Airship		Airplan	ie		Airplane	Single-Engir	ie 🗖	Instrument H	
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		Helicop			☐ Airplane	Multi-Engine	: 	Helicopter	•
Multiengine Sea	Groplane		Powere	d Lift		Gyroplan Powered	ie Ti o		Glider Sport	
-	Helicopter					I OWCICG	Litt		Эрог	
Tuna Datings	☐ Powered Lift					O. 1 . 5				
Type Ratings						Student Er	idorsement	ts (Include a	lates)	
Flight Time (Enter appropria	10	. 3.7	Airplane			Inst	rument		T	
number of hours in each box)		Make Model	Single Engine	Airplane Multiengine	Nigh		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			3	9					1	
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

OCrew OPassenger OOther Row: OUnknown O				EXCIUSIV	e of cabin cr	ew, complete	the following	g information)		
Middle Initial: State: ZIP: O'Regle O'Sergious	Crew Name and Address								ed	Injury
Display Osigne	First Name:		City o	of Reside	nce:	•				=
Last Name: Country C	Middle Initial: State: ZIP:									
Pilot Certificate(s) Check all that apply	Last Name:		Coun	ntry:			_	g	OUnknown	O Fatal
None Flight Instructor Commercial Us Military Sanden	Pilot Contificato(s) //	Thank all that are to						Destroint Tv	no:	
Sear Occupied Sear Occupie	1		Псат		Пис	N 40154		Available	Used	
Sport Flight Enginecr Sport Sport Sport State St		Recreational								
Type Rating/Endorsement for Accident/Incident Aircraft?	Student							O3-point	O 3-point	Installed
Accident/Incident Aircraft? Ives No of this Accident/Incident: Iurs Outshown Unknown Unkno	Type Rating/Endorse	ement for		Total F	light Time o	t the Time				Deployed
Crew Name and Address					_		hrs			Unknown
First Name:										
Middle Initial: State: ZIP: O'Center O'Right O'Single O'S	Crew Name and Add	ress						Seat Occupie	ed	Injury
Middel Initial: Sine: ZIP: ORight ORight ORight ORight Original Oldshrown Oldshrow	First Name:	· · · · · · · · · · · · · · · · · · ·	City o	of Reside	nce:					ONone
Last Name: Country: Country	Middle Initial:		State:	:		ZIP;	***********		OSingle	
Prior Certificate(s) (Check all than apply)	Last Name:		Coun	ıtry:				_ 5	OUnknown	_
None	Pilot Cartificato(s) (6	Thank all that are let				***************************************		Restraint T-	no:	
Private Recreational Airline Transport Foreign Student Diap Only	l <u> </u>		□ Com	mercial	Tire	Militory		Available	Used	
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Private							, -		
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Student	☐ Sport	☐ Fligh	nt Engine	er					Installed
Accident/Incident Aircraft?	Type Rating/Endorse	ement for		Total F	light Time a	t the Time				☐ Not Deployed ☐ Deployed
Name and Address					-		hrs			Unknown
Seat Injury Restraint Type Restraints Age	DACCENCED/O									
First Name: City: OLeft OCenter ORight Ounknown OCenter Original Contents Name: Country: OCenter Original Contents Name: City: OLeft Ocenter Original Contents Name: City: OLeft Ocenter Original Contents Name: City: OLeft Ocenter Original Contents Name: Country: OCenter Original Contents Name: City: OLeft Ocenter Original Contents Name: City: Ocenter Original Contents Name: Country: Ocenter Original Contents Name: City: Ocenter Original Contents Original Contents Name: City: Ocenter Original Contents Ori	FACOENGENIO) /	OTHER PERSO	NNEL (II	nclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)		
Middle Initial: State: ZIP: OCenter ORight Last Name: Country: ORight OCrew OPassenger OOther Row: OLeft OCenter Original Cast Name: City: OCenter Original Cast Name: Country: Other Row: OLeft OCenter Original Cast Name: City: Other Row: OLeft OCenter Original Cast Name: City: Other Row: OLeft OCenter Original Cast Name: City: Other Row: OLeft Original Cast Name: City: Other Original Cast Name: City: Other Original Cast Name: Ocenter Original Cast Name: Ocenter Original Cast Name: City: Other Original Cast Name: City: Other Original Cast Name: Ocenter Orig		(O)THER PERSO	NNEL (li	nclude c					1	Age
Last Name: Country: ORight OUnknown OCrew OPassenger OOther Row: ORight OUnknown OCrew OPassenger OOther Row: OCenter ORight OUnknown OCrew OPassenger OOther Row: OCenter OCE	Name and Address				Seat	Injury	Restraint T	`ype Used	Restraints	Age
OCrew OPassenger OOther Row: OUnknown O Unknown OS-point OUnknown	Name and Address First Name:	City :			Seat OLeft	Injury	Restraint T Available ONone OLap Only	Ype Used O None	Restraints Not Installed	
First Name: City: OLeft Oright Oliknown OUnknown	Name and Address First Name: Middle Initial:	City : 2	ZIP:		Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point	Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
Middle Initial: State: ZIP: OLeft OCenter ORight OUnknown OCrew OPassenger OOther Other OCenter ORight OUnknown OCrew OPassenger OOther Other OCenter ORight OUnknown OCrew OPassenger OOther Other OCenter ORight OUnknown OCrew OPassenger OOther OCenter OCenter OCrew OPassenger OOther OCenter OCEN	Name and Address First Name: Middle Initial: Last Name:	City : Z	ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint
Middle Initial: State: ZIP: OCenter ORight OCenter ORight OLap Only Olap On	Name and Address First Name: Middle Initial: Last Name:	City : Z	ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Last Name: Country: ORight OUnknown OCrew OPassenger OOther Row: OLeft OHer Row: OSerious OF Fatal OUnknown OUn	Name and Address First Name: Middle Initial: Last Name: OCrew	City : 2 State: 2 Country: OPassenger	ZIP:OOth	er	OLeft OCenter ORight OUnknown Row:	ONone OMinor OScrious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : 2 State: 2 Country: OPassenger City :	ZIP:Oth	ner	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft ONone ONone ONone ONone OLap Only Olap Onl	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : 2 State: 2 Country: OPassenger City : State: 2	ZIP: OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Middle Initial: State: ZIP: OCenter ORight OCrew OPassenger OOther Row: OLap Only Olap	Name and Address First Name:	City:	ZIP: OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Deployed Deployed	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
Last Name: Country: ORight OUnknown OFatal OUnknown OUNkn	Name and Address First Name:	City:	ZIP: OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Deployed Deployed	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
OCrew OPassenger OOther Row: OLap-Held OUnknown OFatal OUNKNOWN OUNKNOW	Name and Address First Name:	City:	ZIP:OOth	ier er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Uncount Not Deployed Unknown Not Deployed 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
First Name: City: OLeft ORight OT Country: OCrew OPassenger OOther Row: Other Row: OUnknown OUNknow	Name and Address First Name:	City:	ZIP:OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed 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
Middle Initial: State: ZIP: OLeft ONone OLap Only Olap O	Name and Address First Name:	City:	ZIP:OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Installed Deployed Deployed Deployed Deployed Deployed	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
Middle Initial: State: ZIP: OCenter OMinor OCenter ORight OUnknown OCrew OPassenger OOther Row: ONone OCenter ONone OCenter ONone OCenter ONone OCenter OMinor OSerious OF atal OUnknown OF atal OUnknown OCenter ONone OCenter OMinor OCenter OMinor OSerious OS-point	Name and Address First Name:	City:	ZIP:OOth	ner	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OLeft OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown ONone OLap Only O3-point OUnknown ONone OLap Only O3-point O4-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Installed Deployed Deployed Deployed Deployed Deployed	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
Last Name: Country: ORight OUnknown OF atal OUnknown OPassenger OOther Row: OSerious O3-point O4-point O4-point O5-point O5-point O5-point O5-point O5-point O5-point O5-point O4-point O5-point O5-po	Name and Address First Name:	City:	ZIP:O0th	ner ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor ONone	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point OS-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Deployed Deployed Unknown Not Deployed Unknown Not Deployed 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 Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown O5-point O5-point OLinknown OLinknown OLinknown OLinknown OLinknown	Name and Address First Name:	City : State: Z	ZIP:OOth	ier er er	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O1-point OUnknown	Used O None O Lap Only O 3-point O 4-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown Not Installed Installed Not Deployed 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 Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
	Name and Address First Name:	City:	ZIP:O0th ZIP:O0th	ler ler	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed 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 Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
	Name and Address First Name:	City:	ZIP:O0th	ner er	OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed	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

FLIGHT ITINERARY INFOR	MATION	J							
Last Departure Point		e of Departure				Type Fligh	ıt Plan F	iled	
Airport ID: KRBD	Time	10:15		KRBO	<u> </u>	None		Q VFR/	(FR
City: DALLAS	→			allas		O Company O Military		O IFR O Unkno	own
State: TX	Time	Zone: <u>CST</u>		Ĩχ		O VFR			
Country: USA			Country:	USA		Activated?	OYes	ON ₀ C)Unknown
Type of ATC Clearance/Service (C) None □ Special			ecial IFR		■ VFR Flight Follow	aina	Cruis		
Y⊋IVFR ☐ IFR		□ VF	R On Top		Traffic Advisory			own/NA	
Airspace where the accident/inciden	t occurred						Altituo	de of In-l	Flight
Class A Class G Demo A	ea		itary Operations port Advisory A		☐ Special ☐ Air Traffic Conta	rol Area	Occur		•
☐ Class C ☐ Warning	Area	☐ Jet	Training Area		Unknown				_ ft msl
Class D Prohibite Class E Restricte		☐ TR:							
WEATHER INFORMATION	AT THE	ACCIDEN	T/INCIDEN	TSITE					
Source of Pilot Weather Informatio			et de la		servation Facility				
(Check all that apply)	-								
■ National Weather Service ■ Flight Service Station	☐ Comp ☐ Milita				me:				
■TV/Radio	⊠ Interr	net							
Automated Report Commercial Weather Service (DUATS	☐ None ☐ Unkn				Accident Site:				
☑On-Board Weather				Direction from	Accident Site:		_ degrees	true	
Basic Conditions		Light Conditi							
X VMC OIMC		ODawn ⊠ Day	ODusk ONU-te	O Dark	: Night O Un ht Night	known			
OUnknown		Acray	ONight	Oplig	in taight				
Sky/Lowest Cloud Condition		Ceiling			Temperature:		(C) or		(F)
Clear OThin Br		None (Clear)		Obscured	·				
O Few O Thin Ov O Partial Obscuration O Unknow		O Broken O Overcast	-	Indefinite Unknown	Dew Point:				_(F)
O Scattered			Ū	O.M. O.M.	Altimeter Sett				
Lowest Cloud Condition Height		Ceiling Heigh	t			or	МВ		
ft agl			~	ft agl					
Wind Direction Wind	Speed		Wind Gusts		Visibility	SKC	miles		
☐ Variable ☐ Cal			Not Gustin	g	RVR				
-or-	ht and Varial	ble	•		į.				
Direction: 340 degrees true Speed:	or-/0	kts	-or- Speed:	kts	Density Altitud			ft	
Intensity of Precipitation Type of	f Precipita	tion (Check all t	hat apply)		Restriction to		heck all th	•	
OLight □ Non		Drizzle	☐ Freezing	g Rain	None			ш ирріуу	
O Moderate Rain O Heavy Snow		Ice Pellets Snow Pellet	Snow Si		☐ Blowing Du ☐ Blowing Sar		Ground Fo	g	
ON/A 🔲 Hail	V	Snow Pellet Snow Grain	s Freezing		■ Blowing Sa		ce Fog		
OUnknown Rain	Showers	☐ Ice Crystals		-	■ Blowing Spi ■ Dust	ray 🗖 S	Smoke		
Icing Forecast	T	Icing Actual		WHITE ALL THE	Turbulence	<u> </u>	Jnknown		
Amount Type		Amount	Туре		Type (Check at	ll that apply)	Sev	erity	
None O N/A O Trace O Rime		™ None ○ Trace	O N/A O Rime		None Clear Air			∟ight ∕Ioderate	
O Light O Clear		O Light	O Clear		Terrain-Indu	iced		Severe	
O Moderate O Mixed O Severe O Unknown		O Moderate O Severe	O Mixe O Unkn		☐Convective 7	Furbulence		Extreme	
OUnknown		O Unknown	O O O O O O	v (III					
NOTAMs (D and FDC), AIRME	Ts, SIGM	ETs, PIREPS	s in effect at	the time of th	le accident/incid	lent:			
, , , , , , , , , , , , , , , , , , , ,	,	,	** ***	01 61					

DAMAGE	TO AIRCRAFT	AND OTHER P	ROPERTY		
Aircraft Da O None O Minor	mage Substantial Destroyed Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Due to belly landing (genrup) The engine, propond under wing belly damage.

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 appoach To Landing at KRBD Ruy 35, the appeach To land was made with Landing gear retracted. This resulted in a gear up Landing.

RECOMMENDATION (How	v could this accident/incident have be	en prevented?)		
Operator/Owner Safety Recomm	nendation			.1
I This land e	event could have be to check lists and	neen prevented	with a high	ner onegvee
of dilegents	To check lists and	Memora checks.		
04 047430413	- 1.COM 1991 G 1	memor g Circles		
	NCTION/FAILURE (If more space	se is needed, continue on sep	arate sheet)	
Was there Mechanical Malfund (If yes, list the name of the part, man	ction/Failure? 🔲 Yes 💆 No ufacturer, part no., serial no., and describe t	he failure.)		Total Time/Cycles On Part
				Hours
				Cycles
				Time Since This Part
				Inspected/Overhauled
				Hours
FUEL & SERVICES INF				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		15/145 O Jet B	O Other, specify	
/30	Gallons			***************************************
Other Services, if Any, Prior to		O Management		
EVACUATION OF AIRC	RAFT			
Was an emergency evacuation	of the aircraft performed?	es 🔼 No		
Method of Exit - Describe how	the occupants exited and how many occ (PLLOT) EXITED IN ST	cupants evacuated each location	1	
ONE OCCUPANT	· (PILOT) exited in ST	anderd inawur		
OTHER AIRCRAFT – C	OLLISION (If air or ground collisid	on occurred, complete this se		
Aircraft Registration Number	Manufacturer:			age to Other Aircraft stroyed
	Model:			bstantial None
Registered Owner of Other Air		Pilot of Other Aircraf		
Name:		Name: City:		
State: ZIP: Country:		City:	ZIP:	
Country.		Country:		

ADDITIONAL INF	ORMATI	ON (Please type or print in ink)		
		is needed for any answers.		
			ETE AND ACCURATE TO THE BEST OF M	IY KNOWLEDGE
Date of this Report		Pilot/Operator: William Shepi	ARO	
<u>02/18/2016</u> mm/dd/yyyy	Signature			
mm/aa/yyyy	or	Check here to electronically sign this	locument	
If a Person Other tha	ın Pilot/Op	erator is Filing Report		
Name:			Title:	
		electronically sign this document		
		FOR NTSB I	ISE ONLY	
NTSB Accident/Incid	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA16CA133		GAA	JACKIE VANOVER	02/18/2016