and the second sec	PILOT/OPER	ATOR	AIRC	RAFT AC		NCI		REP		T and incidents
BASIC INFORMATIO		1.200 2.100 M	altered.					5		
Accident/Incident Location Nearest City/Place: EUR Uncomposition Country Latitude:(00:00	KA KI				Date/Time Date:		-16	Lo Ti	cal Ti me Zo	ime: <u>11:00 CT</u> . one: <u>CENTRAE</u>
Phase of Operation			(0	00.00.00 11 11)	Collision wi	th Ot	har Airere	64	A 14	itude of In-Flight
Standing Takeoff (incl. Taxi Climb Descent Landing		Aneuvering		Hover Other Unknown	Midair On-ground	Grane:				fulle of m-rngnt currenceft MSL
WEATHER INFORMA	the second s	E ACCIE	DENT	SITE						ALC: NO.
Weather Observation Facili Facility ID: 13K Observation Time: Time Zone: Distance from Accident Site: Direction from Accident Site:	AWC N Field		(Check	e of Weather all that apply) tional Weather S ght Service Stati /Radio tomated Report mmercial Weath	ervice	TS)	Compan Military Internet Unknow			Method of Briefing (Check all that apply). In Person Teletype Telephone/Computer Aircraft Radio TV/Radio Unknown
Briefing Type/Completenes	g		Light	Condition			and a second		+	Visibility
Full Partial / Limited By Pilot Partial / Limited By Briefer	Abbreviate	15 I	Dav Day	wn 🔲	Dusk Vight	Ē	Oark Night Bright Night lot Reported			<u>10</u> miles
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Lowest Cloud Condition He	ft AGL		neight	n en gruppen el est	_ft AGL		Dust	n t		Unknown
Wind Direction	Wind Speed Velocity:	KTS	14	Wind Gusts Velocity:	KTS		be of Turb None Clear Air		n Clo	eck all that apply) ouds ity of Thunderstorm
	Calm	able		Gusting		Sev	erity of Tu	irbule	ence Mode	
NOTAMS (D, L and FDC \mathcal{NON}	N. 182.V	IGMETs,	, PIRE	Ps in effect :	at the time of	fthe	accident			18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
		Alex North Control North Control North Control					8017774 			
Temperature: (C) or (F) Altimeter Setting: or	in. HG	ing Forec: Amoun None Trace Light	nt	oderate evere	Type Rime Clear Mixed		Type of Pi None Rain Snow Hail Rain Sho			n (Check all that apply) Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals
Density Altitude:	ft [S	ing Actua Amoun None Trace Light	nt	oderate	Type Rime Clear Mixed	aleo 1 Sec Storig	Intensity of Light	Rain lower	[cipit	Ice Pellets Shower Freezing Drizzle

AIRCRAFT INFOR	MATION									
	NS 7 6 7317		Amateur-buil	t:] Yes] No	Weight at 7	Weight: Fime of Acc f Center of	ident: Gravity a _ inches fro	t Time of	Accident:	
Category of Aircraft Airplane Balloon Blimp/Dirigible Glider Gyrocraft Helicopter Powered lift Ultralight Ultralight	Airplane (Check all that apply) It large Air Balloon Standard Special If Large Air Blimp/Dirigible Normal Restricted If Large Air Glider Utility Limited Flight 0 Gyrocraft Acrobatic Provisional Cabin 0 Helicopter Transport Experimental Passeng Ultralight Ultralight Special Flight Special Flight					-orPercent Mean Aerodynamic Cord (% MAC) er of Seats:				
Type of Maintenance Pr Annual Conditional (Amateur-bu Manufacturer's Inspectic Other Approved Inspectic Continuous Airworthines Other, specify:	uilt only) on Program on Program (A	AIP)	Last Inspec	Satura de Calendar de Cale	L Country	Airfran	ie Total I s measured	Time:	3/08 m/dd/yyyy 55 one) ime of Accie	hrs
IFR Equipped	IFR Equipped				led	Type of Fire Extinguishing System				
Yes No C ELT Aided in Locating Yes No Engine Type Reciprocating Tu	Yes No Yes No Model/Seri ELT Aided in Locating Accident / Incident Serial Num Serial Num Yes No Battery Ty Engine Type Reciprocating Fuel System Type Reciprocating Turbo Jet Turbo Shaft Turbo Fan				Manut		Batter	TZE	TLL.	- <u>2023</u> 7282
Engine Engine Manufact	the second second second second	ngine Iodel/Series	the second se	nufacturing ial Number	Date of Mfg. mm/dd/yyy	Engine R Power M as (check	ated easured one) epower of	Total	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1 Ly COMIN Eng. 2 Eng. 3 Eng. 4		0-360	D-AID	2-122,44-3	6 A 02/19/	68 /	80	1880	4	915-70
OWNER/OPERAT Registered Aircraft Ow Name: <u>CCDR9</u> Fractional Ownership Air	e De	DUGLAS	a >			Owner Ad City:- State: Country:		ZIP	AND 0 32.80	
Operator of Aircraft Name: Doing Business As: Air Carrier/Operator Des		As Registered C			To an and the second	Operator / City: <u>S</u> State: <u>Country: </u>	Ame		e As Registe	
Faculation Flight Cond FAR 91 FAR 1 FAR 103 FAR 1 FAR 121 FAR 1 FAR 125 FAR 1	29 🛛 FA 33 🔲 No 35 🗌 No	R 91 Special Fli on-US, Commercon-US, Non-com med Forces	ial	Public Use (select ty J Federal D State Jnknown		Revenue S Air Medic		Yes	Die No	lit gloorit most wike o

Purpose of Flight for FAR 91, 103, 133, 137 (Select o	one)	Revenue Operat for FAR 121, 125,	tion 129, 135 <i>(S</i>	elect one)	Type of Commen (Check all that appl	rcial Operating Co	ertificate Held
 Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning 	□ Scheduled or Commuter □ Non-Scheduled or Air Taxi Domestic or International □ □ Domestic □ □ Domestic □ □ Domestic □ □ Passenger/Cargo □ □ Passenger			None Flag Carrier Ope Supplemental Air Cargo Foreign Air Car On-Demand Air Large Helicopte	arrier (135) Taxi (135)		
 Aerial Application Aerial Observation Air Drop Air Race / Show Flight Test Public Use Unknown 				Rotorcraft Exter or - Agricultural Air Other Operator	rnal Load (133) rcraft (137)	Research States	
OTHER AIRCRAFT - CO	OLLISION (If	air or ground col	llision occur	red, complete	this section for ot	her aircraft)	
Aircraft Registration Number	Manufacturer:	-				Damage to	
Registered Owner of Other Air							
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First Name: Middle Initial: Last Name:	1999 - 1999 -	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		City: State: Country:	ZIP:	and the second of the second of the	
Pilot of Other Aircraft				and and a state of the second s	and a second		
	2 		entreferinden – for	City: State: Country:	ZIP:		
AIRPORT INFORMATIC	N (16 the second	ant accurred on a	pproach tal	keoff or within	3 miles of an airp	ort complete this	section)
Airport Name: <u>ZT-WIIII</u> Proximity to Airport Off A Approach Segment (Select one) On Instrument Approach Crosswind	irport/Airstrip	On Airport C	On Airstrip	Airport Ele	rom Airport: <u>OA</u> wation: <u>/2C</u> Final Aborted Landing (af	fter touchdown)	grees MAG ft. MSL Go Around
IFR Approach (Check all that application of the second	er Only	LDA ASR Visual	Practice GPS Loran Unknown	None Traffic Par	n rrain Following	Stop and C Touch and Simulated Forced La	l Go Forced Landing nding nary Landing
Runway Information Runway ID:	Length: <u>3502</u> meck all that apply) Macadam Metal/Wood	Water	6 <u>0</u> ft	Dry Holes Ice Cover Rough Rubber D	ed Snow-I Snow-I Snow-Y eposits Soft	Compacted Crusted Crusted Cry Wet Crusted Cry Crusted Cry	all that apply) Water-Calm Water-Choppy Water-Glassy Wet Unknown
Dirt Ice	Snow			Slush Cov	rered Vegeta		
FLIGHT ITINERARY IN	FORMATION	I					
Last Departure Point		e of Departure	Destinatio	n	the regular ranks	Type Flight Plan	
Airport ID: $KSLN$ City: $SALINA$ State: KS	Time:	0.10	Airport ID: City: /// (State:/ Country:	KHO TSPR TR	T D_INGS	None Company VFR Military VFR CVFR Activated?	VFR/IFR
Country: <u>U</u>	Charle all that	annlu)	Contra-	TV			
Type of ATC Clearance/Service None VFR	pecial VFR	<i>upply)</i> □ Specia □ VFR (XL	VFR Flight Followir Traffic Advisory		uise known / NA
		VFR (On Top 5		Traffic Advisory	Un	known / NA

Airspace where the accide	ent occurred	(Check all that an	oply)			
Class A	Class E		Prohibited Area	Jet Training Are	a	Special
Class A	Class E		Restricted Area	TRSA		Air Traffic Control Area
			Military Operations Area (MO	and the second se		Unknown
Class C	Demo Area		Airport Advisory Area			
Class D	Warning A					a sa
Aircraft Load Description			installer and a		1	
None	Towing Gl		Parachutists	Livestock	200	
Passengers	Towing Ba		Water	Unknown		
Cargo	Other Exte	rnal	Chemical/Fertilizer/Seeds			
FUEL & SERVICES	INFORM	ATION				
Fuel on Board at Last Tal		Fuel Type	e	nation of the second		
(convert from pounds, as neces		□ 80/87		JP3 Other, s	specify	
with the second		100 Lov		$\square JP3 \square Duter, s$		2.5
56	Gallons	100 Lov		□ JP4 □ JP5		
Other Services, if Any, Pr	ior to Depar	rture			Sec. and	
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Was there Mechanical M			No Unknown		1	Total Time/Cycles
(If yes, list the name of the par	t manufacture					On Part
11 yes, use the nume of the par	, managaciare	, part no., serial ne	,			derrow for the back
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Aircraft Damage	ial	Aircraft Fire	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Bo	Inspected/Overhauled
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PILOT "A" INFORMA										
Pilot "A" Responsibilities at	the Time of Acc	ident Flight Inst	ructor	Check Pilot	🗌 Fligh	t Engineer	Other I	light Crew		
Pilot "A" Identification		ent and house the	un contra a s	a construction of the second second		*				
First Name: GCORG	P			City	B	RLA	NdO			
Middle Initial:		10		State		LZ	P: <	2801)	· · · ·
	LALAB	JR.	n an	Cou	ntry:	L	SA	· · · · · · · · · · · · · · · · · · ·		
Age at time of Accident: _6	Date of	and a start of the start of the start of the		Cer	tificate N	Number: _	11 (an a	192004	1993 B. B. J. B.
Demos of Internet	Seat Occupi			Seat	Relt		appendit op	Shoulder H	arness	
Degree of Injury None Fatal Minor Unknown Serious Serious	Left Right Center	Front Rear Single	Unknow	13 10 10 10 10 10] No] No	Used Available	X es	□ No □ No
Pilot Certificate(s) (Check all	that apply)									
□ None □ Stud Private □ Flight	ent at Instructor	Recreate Sport	ional	Commercia Airline Tra			Flight Engir U.S. Militar		Foreign	
Principal Occupation	Aedical Certifica	ate		Med	ical Cer	tificate Val	idity	Date of La	st Medica	1
Pilot [Sother	Class 1	Class 3 Driver's Licens Unknown	e (Sport Pilot	only)		nitations/waivers		04/ mm/dd/	11/2	016
Medical Certificate Limitati	etive	Lep.	585 -	- Go	A.	ŞSES	ŝ	- L .,	and parameters.	
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Medical Certificate Waivers	6									10.000
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FAR 121/135 Checks:	0104/20	16 Make:_	111	13 11	10	21		11.1000	101-	
	mm/dd/yyyy	Model:	RV	6						
Airplane Rating(s)	Other Aircraf	0.,		ent Rating(s)	X 3 1		r Rating(s)	1		
(Check all that apply)	(Check all that a	pply)	(Check all	l that apply)	16.1	(Check all 1	hat apply)	- L		
None	None		None			None	Olarla Ea		Instrument	
Single-Engine Land	Airship Free Balloon		Airpla				e Single-Eng e Multi-Eng		Instrument Helicopter	nencopter
Multiengine Land	Glider		D Power		- 1	Gyropla			Glider	
Multiengine Sea	Gyroplane					D Powered	Lift		Sport	
	Helicopter		a set is				And comes.			
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Flight Time (enter appropriate mumber of hours in each box)	2 All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	2.00	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	350.8	10	350,8	0						
Pilot in Command (PIC)	337,1					1				
Time as Instructor	122/1	and the second second	1997 (N. 1997) 1997 (N. 1997)	an a	ana an	er generet sin	128221-92022			
					Section 2	1 P. 117 (1998)	R. MARTIN			
This Make/Model	20	4								
Last 90 Days	30	3								
Last 30 Days	14	FA								
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PILOT "B" INFORMAT	FION									
Pilot "B" Responsibilities at t	the second s	reident								
-	Student Pilot		structor	Check Pilot	T Flight	Engineer	Other F	Flight Crew		
Pilot "B" Identification		L i nghi ilis		, Succar i not		Surgenoor				5 3
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Middle Initial: Last Name:	A Construction of the second s	<u></u>		Cou	ntry:	L			10	a filman di si
Age at time of Accident:	and the second s	of Birth:				umber:			le <u>n</u> teri	
a car a company and a second second	12.7.332.5		m/dd/yyyy	1611/13	1. (21.)	de gar i			5 1681 3	
Degree of Injury	Seat Occupie				Belt			Shoulder H		
None Fatal	Left	Front	Unknown	0000			No	Used	Yes	No
Minor Unknown Serious	☐ Right ☐ Center	□ Rear		Avail	lable	Yes [No	Available	Yes Yes	□ No
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Pilot Certificate(s) (Check all		Recrea	tional	Commercia	-1		Flight Engin	hear	Foreign	
	nt Instructor	Sport		Airline Tra			U.S. Militar		L roreign	
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Date of Last Flight Review or Equivalent, Including		Flight Make:	Review Airo	craft			10 / 1/2 / 1 			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Flight Make: Model:	Review Airo	craft		<i></i>				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 	mm/dd/yyyy Other Aircra	Flight Make: Model: ft Rating(s)	Review Airo	craft nent Rating(s)	5 70 15	Instructor	Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>Airplane Rating(s)</u> (Check all that apply)	mm/dd/yyyyy Other Aircra (Check all that d	Flight Make: Model: ft Rating(s)	Review Airo	craft ent Rating(s)		Instructor (Check all th	Rating(s)			
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ADDITIONAL FLIGHT CRE		S (Exclusive of es	bin attendants, con	nplete the fol	low	ing informa	tion)
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Last Name:	(Seat Occupio	ed
Pilot Certificate(s) (Check all that			Flight Engineer	Foreign		Left -	Front
None Student Private Flight Instructor	Recreational	Airline Transport	U.S. Military			Right	Rear
Private Flight Instructor Type Rating/Endorsement for	Doport		Time at the Time	1		Center	Single
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de la companya de la					T	Degree of In	iury
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NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

10

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 Name of Pilot/Operator:											
mm/dd/yyyy	Signature:										
If a Person Other that	an Pilot/Op	erator is Filing Report									
Name:				_ Title:							
Signature:				-							
or C	heck here to	electronically sign this document									
		FOR NTSB	USE ONLY								
NTSB Accident/Incid GAA17CA059	dent No.	Reviewed by NTSB Regional Office GAA	Name of Invest JACKIE VA	5	Date Report Received 11/09/2016						