

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

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

BASIC INFORMATION									
Accident/Incident Location Nearest City/Place: <u>Colby</u> State: <u>KS</u> ZIP: <u>67701</u> Country: <u>USA</u> Latitude: <u>39:25.65' N</u> (dd:mm:ss N/S) Longitude: <u>101:02.80'W</u> (ddd:mm:ss E/W)					Date/Time Date: <u>02/22/2019</u> Local Time: <u>09:45</u> <i>mm/dd/yyyy</i> Time Zone: <u>Central</u>				
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> None		Altitude of In-Flight Occurrence ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: <u>Beechcraft</u> Model: <u>U8 - F (65)</u> Serial Number: <u>62-3866 (LF-64)</u> Registration Number: <u>N62069</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Max Gross Weight: <u>8,000</u> lbs Weight at Time of Accident/Incident: <u>6,727</u> lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input checked="" type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input checked="" type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>1/29/2019</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>8,877</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident				
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____				
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			ELT Manufacturer: <u>Kannad</u> Model/Series: <u>Integra 406 GPS ELT</u> Serial Number: <u>KA0001145003</u> Battery Type: <u>Lithium Manganese Dioxide</u> Battery Exp. Date: <u>09/2021</u>						
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown			Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>Hartzell</u> Model: <u>HC-A3MVK-2A/MV8433N-2A & -2R</u>				
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm dd yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1	Lycoming	IO-720-A1B	L-1492-54A		400	2,080		591	
Eng. 2	Lycoming	IO-720-A1B	L-1606-54A		400	10,610		1,815	
Eng. 3									
Eng. 4									

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner Name: <u>Bemidji Aviation Services, Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner Address City: <u>Bemidji</u> State: <u>MN</u> ZIP: <u>56601</u> Country: <u>USA</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): <u>BEMA</u>	Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____

Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input checked="" type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input checked="" type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input checked="" type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	
Pilot of Other Aircraft		
First Name: _____	City: _____	
Middle Initial: _____	State: _____ ZIP: _____	
Last Name: _____	Country: _____	

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (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
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

Left wing and left aileron bent/wrinkled from wingtip to approximately 6 feet inward.
 Left & right props (6 blades) all curled due to gear up landing.
 Left & right engine damaged, the extent not known until tear down is completed.
 Gear doors (4) destroyed
 Skin damage behind left gear well (about a half square foot)
 Belly skin wrinkled (roughly 12 square feet)
 Antennas - 2 - destroyed

AIRPORT INFORMATION (if the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KCBK Distance From Airport Center: 0 SM
 Airport Name: Shalz Field Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip
 Airport Elevation: 3,187 ft. MSL

Approach Segment (Select one)
 On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
<input type="checkbox"/> None	<input type="checkbox"/> PAR	<input type="checkbox"/> None	<input type="checkbox"/> Stop and Go
<input type="checkbox"/> ADF/NDB	<input type="checkbox"/> Sidestep	<input type="checkbox"/> Traffic Pattern	<input type="checkbox"/> Touch and Go
<input type="checkbox"/> SDF	<input type="checkbox"/> ILS	<input type="checkbox"/> Straight-In	<input type="checkbox"/> Simulated Forced Landing
<input type="checkbox"/> VOR/TVOR	<input type="checkbox"/> Localizer Only	<input type="checkbox"/> Valley/Terrain Following	<input checked="" type="checkbox"/> Forced Landing
<input type="checkbox"/> VOR/DME	<input type="checkbox"/> LOC-back course	<input type="checkbox"/> Go Around	<input type="checkbox"/> Precautionary Landing
<input type="checkbox"/> TACAN	<input type="checkbox"/> RNAV	<input type="checkbox"/> Full Stop	<input type="checkbox"/> Unknown
<input type="checkbox"/> MLS	<input type="checkbox"/> LDA	<input type="checkbox"/> GPS	<input type="checkbox"/> Loran
<input type="checkbox"/> ASR	<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Unknown	<input type="checkbox"/> Circling
<input type="checkbox"/> Contact	<input type="checkbox"/> Circling		

Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>17/35</u> (L/R/C) Length: <u>5,110</u> ft Width: <u>75</u> ft	<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm
Runway/Landing Surface (Check all that apply)	<input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water	<input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy
<input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown	<input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet
<input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	<input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Unknown
	<input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation

FLIGHT ITINERARY INFORMATION

Last Departure Point	Time of Departure	Destination	Type Flight Plan Filed
Airport ID: <u>KCBK</u>	Time: <u>9:45 AM</u>	Airport ID: <u>KDEN</u>	<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR
City: <u>Colby</u>	Time Zone: <u>Local</u>	City: <u>Denver</u>	<input type="checkbox"/> Company VFR <input checked="" type="checkbox"/> IFR
State: <u>KS</u>		State: <u>CO</u>	<input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown
Country: <u>USA</u>		Country: <u>USA</u>	<input type="checkbox"/> VFR
			Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class E Prohibited Area Jet Training Area Special
 Class B Class G Restricted Area TRSA Air Traffic Control Area
 Class C Demo Area Military Operations Area (MOA) FAR 93 Unknown
 Class D Warning Area Airport Advisory Area

Aircraft Load Description (Check all that apply)
 None Towing Glider Parachutists Livestock
 Passengers Towing Banner Water Unknown
 Cargo Other External Chemical/Fertilizer/Seeds

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff (convert from pounds, as necessary)	Fuel Type
<u>200</u> Gallons	<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____
	<input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4
	<input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location <div style="height: 100px;"></div>			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KCBK ASOS</u> Observation Time: <u>9:35</u> Time Zone: <u>Center</u> Distance from Accident Site: _____ <u>0</u> NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown	
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ <u>2</u> miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ <u>200</u> ft AGL		
Wind Direction <input checked="" type="checkbox"/> Indicated: _____ <u>120</u> degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ <u>15</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident <div style="height: 100px;"></div>			
Temperature: _____ <u>-01</u> (C) or _____ (F) Altimeter Setting: _____ <u>29.96</u> in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ <u>-01</u> (C) or _____ (F)	Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light	Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

PILOT "A" INFORMATION												
Pilot "A" Responsibilities at the Time of Accident/Incident												
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew												
Pilot "A" Identification												
First Name: <u>Ryan</u>					City: <u>Littleton</u>							
Middle Initial: <u>S</u>					State: <u>CO</u>			ZIP: <u>80128</u>				
Last Name: <u>Ehlert</u>					Country: <u>USA</u>							
Age at time of Accident/Incident: <u>27</u>			Date of Birth: [REDACTED]			Certificate Number [REDACTED] +						
Degree of Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Certificate(s) <i>(Check all that apply)</i>												
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military												
Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical			
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>01/28/2019</u> <i>mm/dd/yyyy</i>			
Medical Certificate Limitations												
none												
Medical Certificate Waivers												
none												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:					Flight Review Aircraft							
<u>02/18/2019</u> <i>mm/dd/yyyy</i>					Make: <u>Beechcraft</u>							
					Model: <u>65</u>							
Airplane Rating(s) <i>(Check all that apply)</i>			Other Aircraft Rating(s) <i>(Check all that apply)</i>			Instrument Rating(s) <i>(Check all that apply)</i>			Instructor Rating(s) <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport			
Type Ratings						Student Endorsements <i>(Include dates)</i>						
Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft		This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
							Actual	Simulated				
	Total Time		2,550	34	2,415	135	325	185	30			
	Pilot in Command (PIC)		2,444	34								
	Time as Instructor											
	This Make/Model											
	Last 90 Days			45								
Last 30 Days			34		34							
Last 24 Hours			4		4							

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "B" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Seat Belt Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) *(Check all that apply)*
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____		Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign			
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____		Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign			
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Pilot Name and Address		Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	
First Name: _____	City: _____		
Middle Initial: _____	State: _____ ZIP: _____		
Last Name: _____		Country: _____	
Pilot Certificate(s) (Check all that apply)		Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown	
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign			
<input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											
First Name: _____ Middle Initial: _____ Last Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____ State: _____ ZIP: _____ Country: _____											

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 time and point of departure, intended destination, and services obtained. See attached letter from Jeffrey Belanger, Denver Lead Pilot. He is the first company employee that was able to talk with the pilot face to face after the accident.

Terrain was flat field in the entire area. The aircraft came to stop just north of a tree line north of the FBO area.

The flight departed Colby, KS, Shalz Field (KCBK) at approximately 9:45 local time en-route for Denver, CO (KDEN).

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

Proper use of the checklist. Crew Hatch Latch is on the Before Takeoff Checklist.

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

03/01/2019

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature:

Type or Print Name: Tracie A. Walter, Director of Operations

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

CEN19LA086

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Sauer

Date Report Received

03/04/2019