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

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

BASI	IC INFORMA	ATION											
Nearest ZIP:	a:	Secker Country:	USA Longitude:	-		-0.	Date: 3	ncident Date/ 29/20 m/dd/yyyy	19 L	ime Zone:	approx central		
	Modes of the first services			conas)			Collision w	ith Other Ai	rcraft: (O Midair	OOn-groun	nd None	
	RAFT INFO												
Registration Number: N8397W Manufacturer: f. per Model: Cherokee						□ Comme	quipped and C ercial Space Fi med Aircraft						
								Gross Weigl					
	Number:	10/0						Time of Acci	april 1				
	f Manufacture:							Seats:					
Amatei	ur-Built: OYes		O Kit/Plans Ma O Original Design					Seats: Engines:		Passenge	r Seats:		
OBlimp/Dirigible OGlider OGyroplane OHelicopter OPowered Lift ORocket OUltralight OUnknown Normal Restr Acrobatic Limit Commuter Speci Commuter Speci Utility Speci			that apply) In Special Al Restriction Limite Provision Special Provision Experi A Special Experi C of Authorization	I (Check all to tricted ted isional Amphib ial Flight Emerger Float Hull rrimental Light-Sport Other La			rar it apply) Retractable Tailwheel OT O			ine Type (Select one) eciprocating OLiquid Rocket urbo Shaft OSolid Rocket urbo Prop OHybrid Rocket urbo Fan OUnknown ectric System Type (Reciprocating) rburetor OFuel-Injected			
Engine Eng. 1	Engine Manufa		Engine Model/Series		Manufa Serial N	acturer's Number	of Mfg. mm/dd/yyy		power or Thrust	Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours)	
Eng. 2	Lycomins		0-360				-	180	,				
Eng. 3													
Eng. 4						Served no							
Last Inspection Type O100-Hour OContinuous Airworthiness OAAIP OConditional Inspection OUnknown Date Last Inspection: 03/16/2019			ction	OControllable Pitch OControlla					Fixed Pitch Controllable I Ground Adjus				
Date La	ist Inspection:	mm/dd/yy	vv	ELT Installed: OYes ONo			10						
Airframe Total Time:hrs hours measured at (Select one) OLast Inspection OTime of Accident/Incident Type of Maintenance Program (Select one)				If Yes: ELT Manufacturer: Model or Part No.: TSO No.: OC91 (121.5 MHz) C OC126 (406 MHz)			ADS-B ☐ Airframe Parachute ☐ Angle of Attack Indicator						
Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness O Other, specify:				Was ELT still mounted in aircra Was ELT still connected to anter Did ELT Activate? OYes O' If activated: Did ELT Aid in Locating Aircraft			t? OYes ONo na? OYes ONo o Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display			vice.			
Descrip O None O Speci		inguishing S	System	If not acti Indicate Re		☐ Impact Damage ☐ Fire Damage ☐ Battery Expi ☐ Unknown		□ Stall	1 Warning	System ing Device			

OWNER/OPERATOR INFORMATION									
Registered Aircraft Owner		City: Eldricke							
Name: Alex d. Gan		State: A1 ZIP: 35594							
Fractional Ownership Aircraft: O Yes	No	Country: USA							
Operator of Aircraft	egistered Owner	☐ Same Address as Registered Owner	_						
Name: Lester joe mayo)	City: winfield,							
Doing Business As:		A /							
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA							
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted U	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 133 OFAR 103 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 125 OFAR 137 OFAR 125 OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	R 431 O Non-Scheduled or Air Taxi O International							
□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	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Business O Executive/Corporate O Positioning							
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving							
O Yes O No	OYes ONo	О Гепту							
	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)							
Airport Name: Montoe Com Airport Identifier: M40	14	Distance From Airport Center: sm							
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip ON/A	Direction From Airport: degrees true Airport Elevation: ft. msl							
Runway Information		Condition of Runway/Landing Surface (Check all that apply)							
Runway ID:(L/R/C) Length:	ft Width: ft	Dry Snow-Compacted Water-Calm							
Runway/Landing Surface (Check all that at Asphalt Grass/Turf Maca Concrete Gravel Metal Dirt Gravel Snow	dam	Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown							
Approach/Departure Segment (Select one)									
OTaxi OVFR Departure OTakcoff OIFR Departure Proce	OOn Instrument Ap	pproach 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 □ SIDF □ 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 □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing							
	LIUIKIIOWI	☐ Unknown	- 1						

"FLIGHT CREWMEM	BER 1" INF	ORMATIO	N					21/21/20		
"Flight Crewmember 1" Res	A STATE OF THE PARTY OF THE PAR				100		0.000			- X///02/192
The second of th	O Student Pilot	i secono de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del co		Check Pilot	O Flig	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" was	s pilot flying	□Yes □ No	0			-12628:				- X- 480
"Flight Crewmember 1" Ide							, , ,	11		
First Name: Lester	Y .				City of Re	esidence: _	Wint	-ield		
Middle Initial: To @				ĝ	State:	Al		ZIP: 35	5594	
Last Name: MAYE	2				Country	USA			-	
Age at time of	Accident/Incide	ent: 56	Date of I			-	nm/dd/yyyy		10	.
			rtificate Nun	-		-	3333			
Degree of Injury	Seat Occur	V2774	timeate rum	_	straint T	vne			Inflatable	Destraints
O None O Fatal	O Left	O Front	O Unkno			200	175.7.3		imiatable	NCSH ZIIIIS
Minor O Unknown O Serious	O Center	O Rear O Single			O None		O None ALap on	lv	Not In	
Pilot Certificate(s) (Check all	that apply)				O3-poi		O3-point		□ Not Do	eployed
☐ None ☐ Flight Ir ☐ Private ☐ Recreati ☐ Student ☐ Sport	ional 🔲	Commercial Airline Transpor Flight Engineer			O 4-poi O 5-poi O Unkn	nt	O 4-point O 5-point O Unkno		☐ Deploy ☐ Unkno	
Principal Occupation N	ledical Certifi	cate		Me	dical Cer	rtificate V	alidity		Date of La	st Medical
O Pilot C	Class 1 (Class 3 O Driver's Licen O Unknown	se (Sport Pilo	t only)	Medical Certificate Validity O Without limitations/waivers O With limitations/waivers O N/A O Special Issuance Date of Last Medical Medic					at a me
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	0/24/3 mm/dd/yyyy	Flight Make: _	Review Aire		14-18	Pip	en			
Airplane Rating(s)	Other Aircra	ft Rating(s)	Instrum	ent Rating(s		The second second	r Rating(s)			
(Check all that apply)	(Check all that a	12.60	140	l that apply)	<i>*</i>		that apply)			
None	None None		None			None			Instrument	
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airpla Helico		Airplane Single-Engine ☐ Instrument ☐ Airplane Multi-Engine ☐ Helicopter					
☐ Multiengine Land	Glider		☐ Power	The state of the s	☐ Gyroplane ☐ Glider					
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				☐ Powered Lift ☐ Sport					
	Powered Lift	t								
Type Ratings Hinliane sinsh	e ensin	e LAND				Student I	Endorseme	nts (Include	dates)	
In strument	AIRPH	ane								
Flight Time (Enter appropriate	All	This Make	Airplane Single	Airplane			rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	81901	7. 9	81901		127.2	11.2	41.2			
Pilot in Command (PIC)	664	7. 9	664		1	-				
Time as Instructor This Make/Model			- PARKET							ALCO SOUTH BUILD
Last 90 Days	3501		35.1		E	11.2			CHARLES CO.	
Last 30 Days	9		9		.8	1110				
Last 24 Hours	1.8		1.8		100					
and the second second									1	1

"FLIGHT CREWMEN	IBER 2" INFO	RMATIO	N								
"Flight Crewmember 2" R OPilot OCo-Pilot	esponsibilities at t O Student Pilot	he Time of A OFlight Ins		nt eck Pilot	OFli	ght Engineer	OOther	Flight Crew			
"Flight Crewmember 2" w	as pilot flying]Yes 🔲	No								
"Flight Crewmember 2" Io	lentification										
First Name:						esidence:				- X-	
Middle Initial:				St	ate:		7	IP:			
Last Name:											
	Accident/Incident:				ountry.	mr	n/dd/vyvy				
Tigo at time of	Treetaeta Metaeta.		ificate Number:								
Degree of Injury	Seat Occupie	3107110100	incate (valide).		traint 1			-	Inflatable I	Pactrainte	
O None O Fatal OLeft O Front O Unknown O Minor O Unknown O Right O Rear O Serious O Center O Single					Available Used O None O None				ot Installed		
Pilot Certificate(s) (Check a	ill that apply)				O 3-pc		O 3-point		□Not De		
□ None □ Flight □ Private □ Recress □ Student □ Sport	ational	ommercial rline Transpor ight Engineer	☐ US Militar t ☐ Foreign	у					□ Deploy □ Unknow		
Principal Occupation	Medical Certificat	te		Med	tical Co	ertificate Va	lidity		Date of La	st Medical	
O Pilot		Class 3				imitations/wai		Inknown			
O Other O Unknown		Oriver's Licens Jnknown	se (Sport Pilot only		Vith limi pecial Is	tations/waiver suance	s ON	I/A	mm/dd/y	 VVV	
Medical Certificate Limita	tions							•			
Medical Certificate Special	Issuance										
Date of Last Flight Review		Flight l	Review Aircraft	:							
or Equivalent, Including FAR 121/135 Checks:		Make:									
PAR 121/133 CHECKS.	mm/dd/yyvy	Model:									
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrument	Rating(s)		Instructor	Rating(s)				
(Check all that apply)	(Check all that app		(Check all that		5.7						
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land	☐ None ☐ Airship ☐ Balloon ☐ Glider			☐ Airplane ☐ Airplane Single-Engine ☐ Helicopter ☐ Airplane Multi-Engine ☐				Instrument Airplane Instrument Helicopter Helicopter Glider			
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter ☐ Powered Lift					☐ Powered	Lift		Sport		
Type Ratings			1			Student E	ndorsemen	ts (Include d	ates)		
Flight Time (Enter appropria number of hours in each box)	0.5000	This Make & Model		Airplane ultiengine	Night		Simulated	Rotorcraft	Glider	Lighter Tban Air	
Total Time											
Pilot in Command (PIC)											
Time as Instructor									and the same of the same of		
This Make/Model	STATE OF THE STATE OF	SUPPLIES OF			-	-		M35334	A CENTAL PROPERTY OF	E SEAL PROPERTY.	
Last 90 Days	+ +										
Last 30 Days Last 24 Hours	1										

ADDITIONAL FL			LACIGS				1			
Crew Name and Ad	dress						Seat Occup	ied	Injury	
First Name:	First Name: City of Residence					ence:			O None	
Middle Initial:						ZIP:			O Minor O Serious O Fatal O Unknown	
Last Name: Country:							O Right	O Single O Unknown		
Pilot Certificate(s)	Check all that apply)						Restraint T		Inflatable	
None	□υ	S Military		Available O None	O None	Restraints				
☐ Private ☐ Student	☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Flight Engineer						O Lap Only	_	☐ Not Installed	
Student	☐ Sport	□ Flig	ht Engin	eer			O3-point O4-point	O 3-point O 4-point	☐ Installed ☐ Not Deployed	
Type Rating/Endors	sement for		Total	Flight Time	at the Time		O 5-point	O 5-point	□ Deployed	
Accident/Incident A	ircraft?	□ No	of this	Accident/In	cident:	hrs	OUnknow	O Unknown	☐ Unknown	
Crew Name and Add	lress						Seat Occupi	ed	Injury	
First Name:		City	of Resid	ence:			OLeft	OFront	O None	
Middle Initial:		State	:		ZIP:		OCenter ORight	O Rear O Single	O Minor O Serious	
Last Name:		Coun	ntry:				Oragin	OUnknown	O Fatal	
									O Unknown	
Pilot Certificate(s) (6							Restraint Ty Available	pe: Used	Inflatable	
☐ None ☐ Private	☐ Flight Instructor ☐ Recreational	☐ Com			S Military		O None	Restraints		
☐ Student	☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Flight Engineer						O Lap Only		☐ Not Installed ☐ Installed ☐	
Toma Dakin off I			-		Market Control		O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed	
					t the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown	
		□ No	of this .	Accident/Inc	ident:	hrs	OUnknown		- Chkhown	
	CHER PERSON	INEL OF	anlerda.							
FASSENGER(S)	OTHER PERSOI	NEL (Ir	nclude	cabin crew; c	continue on s	eparate shee	t if necessary)			
Name and Address	E. 2004 M			Seat	Injury	eparate shee Restraint T		Inflatable Restraints	Age	
Name and Address	E. 2004 M			Seat	Injury	Restraint T	ype Used	Inflatable Restraints	Age	
Name and Address	E. 2004 M			Seat	Injury	Restraint T	уре	Inflatable Restraints Not Installed	Age Under 5 years	
Name and Address	City: Eld State: Al 2	ridse IP:_353	54	Seat Left OCenter ORight	O None O Minor O Serious	Restraint T Available O None S Lap Only O 3-point	ype Used O None D Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed	Under 5 years	
Name and Address First Name: Alex Middle Initial: D Last Name: Gan	City: Eld State: Al 2 Country: U	ridge IP: _353	5 4	Seat Left OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T Available O None O Lap Only	Used O None Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, O Child Restraint	
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Name and Address First Name: Alex Middle Initial: D Last Name: Gan	City: Eld State: Al 2 Country: V	ridge IP: _353	54	Seat Left OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone ©Lap Only O3-point O4-point O5-point OUnknown Available	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Doployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held	
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Name and Address First Name: Alex Middle Initial: IO Last Name: Gan OCrew First Name: Middle Initial: Last Name:	City: Z State: Z Country: Z Passenger City: State: Z Country: Z	O Otho	\$ 4	Seat Cleft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone ©Lap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Jap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Not 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	
Name and Address First Name: Alex Middle Initial: D Last Name: Gann OCrew First Name: Middle Initial:	City: Eld State: Al Z Country: D Passenger City: State: Z	O Other	\$ 4	Seat Center ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone SLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point	Used O None O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Not Deployed	Under 5 years If Under 5, OChild Restraint OLap-Held OUnknown Under 5 years If Under 5,	
Name and Address First Name: Alex Middle Initial: IO Last Name: Gan OCrew First Name: Middle Initial: Last Name:	City: Eld State: A 2 Country: DPassenger City: State: Z Country: OPassenger	O Othe	5 4	Seaf Center OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone ©Lap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Used O None O Jap 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	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Deployed Deployed Unknown Unknown Unknown Not Installed Not Deployed Unknown Unknown Not Installed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed N	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	
Name and Address First Name: Alex Middle Initial: D Last Name: Gan OCrew First Name: Middle Initial: Last Name: OCrew First Name: The state of	City: Eld State: Al 2 Country: Department of the country: Country: Country: Country: Country: Country: City:	O Other	5 4	Seat Cleft OCenter ORight OUnknown Row: Cleft OCenter ORight OUnknown Row: Cleft OUnknown Counter ORight OUnknown Counter ORight OUnknown Counter ORight OUnknown Counter OUnknown Counter OUnknown Counter OUnknown Counter 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 O5-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None S 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed 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	
Name and Address First Name: ALX Middle Initial: D Last Name: Gan OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Middle	City: Country: Z Country: Z Passenger City: Z Country: Z Country: Z Country: Z State: Z State: Z	O Other	5 4	Seat Cleft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight	ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone SJ.ap 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 OUnknown	Used O None 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 1-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed 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, If Under 5 years	
Name and Address First Name: ALX Middle Initial: D Last Name: Gan OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Last Name: Last Name: Middle Initial: Last Name: Last Nam	City: Country: Z	O Other	5 4	Seat Cleft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown OUnknown OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown 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 O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Jap 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 1-point O 1-point O None O Lap Only O 3-point O 4-point O 4-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Deployed Unknown Not Deployed Deployed Unknown Not Deployed Deployed Deployed Deployed 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 Unknown	
Name and Address First Name: Address Middle Initial: D Last Name: Gann OCrew First Name: Middle Initial: Last Name: OCrew	City: Eld State: A Z Country: Description of the Country:	O Other	5 4	Seat Cleft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight	ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone SLap 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 OUnknown Available ONone OLap Only O3-point O4-point	Used O None 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 1-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed 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, If Under 5 years	
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FLIGHT ITINERAR	/ INFORMATIO	N							
Last Departure Point Airport ID: KHAB City: Ham Hon State: A I Country: USA Type of ATC Clearance/S	Time	e Zone: Central	Airmort ID:	M40 caker	Type Flight None O Company O Military O VFR Activated?	v VFR VFR	Filed O VFR/IFR O IFR O Unknown O No O Unknown		
None □ VFR	☐ Special VFR ☐ IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Follo☐ Traffic Advisory		Crui:	se nown / NA	
Airspace where the accid Class A Class B Class C Class D Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Mil ☐ Air ☐ Jet ' ☐ TRS ☐ FAI	itary Operations port Advisory Ar Fraining Area SA R 93	rea	□Special □Air Traffic Contr □Unknown	rol Area		de of In-Flight rrence: ft msl	
WEATHER INFORM		ACCIDENT	F/INCIDEN						
Source of Pilot Weather I (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service	☐ Corr ☐ Mili ☐ Inter ☐ Non	mpany itary Observation Time Zone the Conown Distance for			Observation Facility : in Time: :: iom Accident Site: nm irom Accident Site: degrees true				
Basic Conditions NMC OIMC OUNKnown		Light Conditi ODawn Day	ODusk ONight	O Dark		known			
Sky/Lowest Cloud Condi O Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition	Ceiling O None (Clear) O Broken O Overcast Ceiling Height	0	Obscured Indefinite Unknown ft agl	Dew Point:(C) or Altimeter Setting:in. Hg orMB			(F)		
Wind Direction Variable or- Direction: degrees to Intensity of Precipitation O Light O Moderate O Heavy N/A	Type of Precipits None Rain Snow Hail	kts Drizzle Ice Pellets Snow Pellets Snow Grains	☐ Freezing ☐ Snow Sh ☐ Ice Pelle	kts g Rain nower ets Shower	RVV: Density Altitud Restriction to V None Blowing Dus Blowing San Blowing Sno	Visibility (Cl	feet miles heck all theogeround Follaze ee Fog		
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DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion O None O Substantial None None O Both Ground and In-Flight O Both Ground and In-Flight O In-Flight O Minor Destroyed O Fire at Unknown Time O In-Flight O Explosion at Unknown Time O Unknown O On-Ground O Unknown O On-Ground O Unknown

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

Prof strike, wings broken, Landing gear broken, Dents etc.
Fence at M40

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.

Joe landed his 180 comanche at Khab. He sowed his plane then talked about the weather on his fight in. We like did a preflight inspection, we sot in the plane looked at the weather on foreflight talked about saftey procedures and then taxed to runway. We did a runvp check. Then deported for M40, the flight was uneventful, we listen to Atis approx 15 miles out and everything scemed normal, we were on the glide slope. When we got close to the runway the plane turned Left sharply. Joe applied power to 50 around but we did not have the altitude to make it over the fence at the edge not have the altitude to make it over the fence at the edge of the airport and were thrown into a ditch. Joe was unconcisions for approx. 8 min. Fine and rescue arrived to get him out he was taken to tupelo hospital. I recived minor bruises.

* The faa/insurance recovered los books and other information so i connot fill out portions of this document.

RECOMMENDATION (How	w could this accident/incident ha	ve been prevented?)			
Operator/Owner Safety Recomn	nendation				
I do not kno	ow the cause of	the acci	dent,		
	NCTION/FAILURE (If mor	e space is needed, co	ntinue on separ	rate sheet)	T
	ction/Failure? ☐ Yes ☐ No ufacturer, part no., serial no., and des	scribe the failure.)			Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INF	ORMATION				
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)	100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
approx 25	Gallons O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to	Departure				
EVACUATION OF AIRC	RAFT				
Was an emergency evacuation	of the aircraft performed?	☐ Yes XNo			
Method of Exit - Describe how	the occupants exited and how ma	ny occupants evacuate	d each location		
OTHER AIRCRAFT - C	OLLISION (If air or ground o	collision occurred, co	mplete this sect	ion for <i>other</i> aircraft)
Aircraft Registration Number	Manufacturer:			50353950	age to Other Aircraft
	Model:				estroyed Minor abstantial None
Registered Owner of Other Air			Other Aircraft	1000	
Name:		Name:			
City:		City:			
State: ZIP:		State:		_ZIP:	

ADDITIONAL INFORMATION (Please type or print in ink)								
Use this space if addi	tional space	is needed for any answers.						
					:			
I HEREBY CERTIF	Y THAT T	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE E	BEST OF N	IY KNOWLEDGE			
Date of this Report		Pilot/Operator:						
Date of this Report		· · ·	7.					
mm/dd/yyyy	Signature	☐ Check here to electronically sign this	▼ourrecon scarcetto					
	or	Check here to electronically sign this	document					
		erator is Filing Report						
Name:/1	ex o	Scens	Title:					
Signature:								
- or - □C	heck here to	electronically sign this document						
1170 × 100 × 100		FOR NTSB	ISE ONLY					
NTSB Accident/Incid	lent No	Reviewed by NTSB Regional Office	Name of Investigator		Date Report Received			
CEN19LA112		CENTRAL	LINDBERG		4/3/2019			