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 INFO	BASIC INFORMATION										
	Accident/Incident Location Nearest City/Place: Marion Airport (KMZZ)State: IN ZIP: 46953 Country: U.S.							ime		۔ ۔	
Nearest City/Place:	Marion	Airport (KMZZ)	State:	IN Dat	e: <u>5 - 5</u>	-19	Loc	al Time:	2.19	6 m
ZIP: 46953	Country:					mm/dd	ממפל	Tin	ge Zone:		
Latitude:		Longitude:									
(Enter in a	ecimal degrees or	degrees:minutes:sec	onds)		Col	llision with (Other Air	eraft: C	Midair	Ж Оп-етови	d O None
AIRCRAFT INFORMATION											
Registration Nun					1	A IFR-Equip	ped and Ce	rtified			
Manufacturer: _	<u>Cessn</u>					☐ Commerci: ☐ Unmanned		ght			
Model: 18	<u> 2 Q </u>				М	aximum Gr	oss Weigh	t: <u>3</u>	1 00	lbs	-
Serial Number: _		6920				eight at Tim					_ lbs
Year of Manufac	_				Nu	ımber of Sea	ats: <i>_</i> _	 	Flight Cre	w Seats:	
Amsteur-Built:		OKit/Plans Mal	Ke:		I	bin Crew Scat					
		Original Design			Nu	umber of Eu	gines:	1			
Category of Airc	raft Type of	Airworthlness Ce	rtificate		Landing Gear				Type (Se	lect one)	4 Danies
Airplane Balloon	(Check all	that apply) rd Special		}	(Check all that ap	<i>ply)</i> actable		O Turb	procating o Shaft	O Solid O Liqin	d Rocket Rocket
OBalloon OBlimp/Dirigible	Nom	al 🗖 Restric			Tricycle		ilwheel	O Turb	о Ртор	OHybri	id Rocket
O Glider O Gyroplane	Aero Baile				Amphibian		igh Skid	OTurb OTurb		O None O Unkn	
OHelicopter	Com	nuter 🔲 Special	l Flight		Emergency Fl	oat 🗀Si	cid	O Elect		_	
O Powered Lift O Rocket	Tran		mental l Light-Spor	,	□Float □Huli	iisi Dsi	ci ci/Wheel	Time at Sec.		(Dankens sand)
O Kocket O Ultralight			imental Light-Sport			The System Type (Netspy country)					
OUnknown	Certifica	te of Authorizati <u>on</u>	or Wajver (COA)								
	None		Unknown		None	Date □	nknown Rated Pow		Total	Tima	Since:
		Engine		Manufa		of Mfg.	₩ Horse	power or	Time	Inspection	Overhaul
	anufacturer	Model/Series	-	Serial N	umber	mm/dd/yyyy	<u>Olbsof</u> ≳-S		(hours)	(hours)	(hours)
Eng. 1 Co.	<u> </u>	470					دہ جی		1717.5		
····		 							T		
Eng. 4		Eng. 3									
Last Inspection						,					
Last Inspection Type				r 1	OFixed Pitch		Prop	eller 2	_	Fixed Pitch Controllable	Pitch
· ^	Fype DContinuous Airv	vorthiness	Propelle	r I	OFixed Pitch Controllabl OGround Ad	e Pitch	Prop	eller 2	ŏ	Fixed Pitch Controllable Ground Adju	
O100-Hour OAAIP	Continuous Airv Conditional Insp				© Controllabl	e Pitch justable	Man	ufacturer:	ŏ	Controllable Ground Adju	stable
O100-Hour OAAIP MACAnnual	Continuous Airv Conditional Insp Unknown	ection		turer:	GControllabl	e Pitch justable	Man Mod	ufacturer:	Ö	Controllable Ground Adju	stable
O100-Hour O AAIP MAnnual Date Last Inspec	Continuous Airv Conditional Insp Unknown tion: <u>(Q^-)</u>	9-18	Manufact	urer:	GControllabl	e Pitch justable	Man Mod Additi	ufacturer: el:onal Equ	Ö	Controllable Ground Adju	stable
O100-Hour OAAIP Annual Date Last Inspec	Continuous Airv Conditional Insp Unknown tion: <u>(0 - 20 - 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	9-18	Manufact Model: ELT Ins	talled:	GControllable OGround Ad	e Pitch justable	Man Mod Additi	ufacturer: el:onal Equ	ipment (Controllable Ground Adju	stable
O100-Hour OAAIP SEAnnual Date Last Inspect	Continuous Airv Conditional Insp Unknown tion: (Q - 2) mm/dd/ ime: 2017 at (Select one)	9-18 yyyy 5-9 hrs	Manufact Model: ELT Ins If Yes: ELT Man	talled:	GControllable OGround Ad	e Pitch justable	Man Mod Additi Additi	nfacturer: el: onal Equ S-B frame Par: gle of Atta	ipment (Controllable Ground Adju	stable
O100-Hour OAAIP Annual Date Last Inspect Airframe Total Thours measured OLast Inspect	Continuous Airv Conditional Insp Unknown tion: (Q - > mm/dd/ ime: 2077 at (Select one) on Time of	Cection	Manufact Model: ELT Ins If Yes: ELT Man Model or	turer: stalled: nufacture Part No. OC91 (© Yes ONo	e Pitch justable	Man Mod Additi Additi DAir	ufacturer: el: onal Equ S-B frame Par	ipment (Controllable Ground Adju	stable
O100-Hour OAAIP Date Last Inspect Airframe Total hours measured OLast Inspect Type of Mainten	Continuous Airv Conditional Insp Unknown tion: (Q - > mm/dd/ ime: 2077 at (Select one) on Time of	Cection	Manufact Model: _ ELT Ins If Yes: ELT Man Model or TSO No.:	talled: nufacture Part No. OC91 (OC126	©Yes ONo	e Pitch justable	Mann Mod Addiri Addiri Air An An An Au Ba	ufacturer: el: onal Equ S-B frame Pare gle of Atta topilot ta Recorde	ipment (achute ack Indicato	Controllable Ground Adju Check all that Handheld De	stable
O100-Hour OAAIP Annual Date Last Inspect Airframe Total Thours measured OLast Inspect Type of Mainten Annual O Conditional (An	Continuous Airv Conditional Insp Unknown tion: (0 - 2 mm/dd/ Time: 2 - 7 at (Select one) on Time of time of the total only)	Accident/Incident	Manufact Model: _ ELT Ins If Yes: ELT Man Model or TSO No.: Was ELT	talled: nufacture Part No. OC91 (OC126	©Yes ONo or: 121.5 MHz) OC9 (406 MHz) stated in aircraft?	e Pitch justable 1a (121.5 MH	Mann Mod Addiri Aldiri Aldir Aldiri Aldiri Aldiri Aldiri Aldiri Aldiri Aldiri Aldiri	nfacturer: el: S-B frame Paragle of Atta topilot ta Recorde ctronic Fli ctronic Pri	ipment (achute ach Indicato or ght Bag or ultifunction imary Fligh	Controllable Ground Adju Check all that or Handheld De	stable
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Oloo-Hour OAAIP Annual Date Last Inspect Airframe Total hours measurer OLast Inspect Type of Mainten Annual O Conditional (An O Manufacturer's O Other Approved O Continuous Airo O Other, specify: Description of F	Continuous Airv Conditional Insp Unknown tion:	ection G - G	Manufact Model: ELT Ins If Yes: ELT Man Model or TSO No.: Was ELT Was ELT Did ELT If activa: Did ELT If not act	talled: nufacture Part No. OC91 (OC126 Still mon Still com Activate: ted: Aid in La	© Controllable OGround Ad © Cround Ad (a) (b) (c) (c) (c) (c) (c) (c) (c	e Pitch justable Pla (121.5 MH Sayes ONe ? Oyes ONe	Manumod Mod Addition Air Carry Car	el: el: conal Equ S-B frame Para gle of Atta topilot ta Recorde ctronic Fli ctronic Pri adheid GP ads Up Di board Wes ellite Trac ll Warning	ipment (achute achute achute ght Bag or ultifunction imary Fligh S splay ther king Devic g System	Controllable Ground Adju Check all that or Handheld De a Display at Display	stable
O100-Hour O AAIP Annual Date Last Inspect Airframe Total hours measured O Last Inspect Type of Mainten Annual O Conditional (An O Manufacturer's O Other Approved O Continuous Airo O Other, specify: Description of F	Continuous Airv Conditional Insp Unknown tion:	ection G - G	Manufact Model: ELT Ins If Yes: ELT Man Model or TSO No.: Wax ELT Was ELT Did ELT If activa: Did ELT	talled: nufacture Part No. OC91 (OC126 Still mon Still com Activate: ted: Aid in La	© Controllable OGround Ad © Ground Ad Part of Controllable (406 MHz) Controllable Contr	e Pitch justable Pla (121.5 MH Sayes ONe ? Oyes ONe	Manumod Mod Addition Air Control Air Cont	el: el: conal Equ S-B frame Para gle of Atta topilot ta Recorde ctronic Fli ctronic Pri adheid GP ads Up Di board Wes ellite Trac ll Warning	ipment (achute achute achute ght Bag or ultifunction imary Fligh S splay ther king Device 3 System ling Device	Controllable Ground Adju Check all that or Handheld De a Display at Display	stable
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KOWKIEKOREKATORBINEORMA	TION					
Decisioned Aircraft Owner		City: Marion				
Name: Dale Floyd Jol	M20M	State: <u>IN</u> ZIP: <u>44.953</u>				
Fractional Ownership Aircraft: O Yes	No	Country: U.S.				
Operator of Aircraft Same As Res	istered Owner	☐ Same Address as Registered Owner				
Name: Dale Flord	ohnson	City:				
Doing Business As:		State:				
Air Carrier/Operator Designator (4 Characte	r Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Unc	der 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)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight O Non-US, Commercial	431 Non-Scheduled or Air Taxi on International				
Commuter Air Carrier (FAR 135) Con-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136)	O Non-US, Non-commercial	Purpose of Flight for FAR 91, 103, 133, 137				
☐ 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)	(Select one) O Aerial Application OFirefighting OUnknown O Aerial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use O Business Personal O Executive/Corporate OPositioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes O No	O Yes O No					
AIRPORT INFORMATION (FIII In	If accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: Marion Munic	ipal Airport	Distance From Airport Center: , 25 sm				
Airport Identifier: <u>\\\\\7-Z-</u>		Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstri	p XOn Airport/Airstrip ON/A	Airport Elevation: 858 ft. msl				
Runway Information Runway ID: 4 (L/R/C) Length: 4 Runway/Landing Surface (Check all that a grass/Turf Maca Maca Maca Maca Maca Maca Maca Mac	dam Water 1/Wood	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calim 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)	I				
OTaxi OVFR Departure OTakcoff OIFR Departure Proc OInitial Climb	OOn Instrument Appointment App	proach ODownwind OLow Approach OBase SiGo Around OFinal Shorted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply) □ None	,	VFR Approach (Check all that apply)				
□ 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 ☐Unknown	### Stop and Go Straight-In				

"ELIGHTECREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incldent										
O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was pilot flying □Yes □ No										
"Flight Crewmember 1" Ide							00			
	First Name: Dale City of Residence: Marion									
Middle Initial:				S	tate:	12	z	т: <u>46</u>	<u>953</u>	
Last Name:	M50K									
	Accident/Incide						n/dd/yyyy		· _	
			ertificat e Num						_	
Degree of Injury	Seat Occupi				traint Ty	pe		I	nflatable R	estraints
O None O Fatal	™ Left	Front	○ Unknow	n	Available		Used			
O Minor O Unknown O Serious	O Right O Center	O Rear O Single			O None		ONone		Not Installed	alled
		Omgre			C Lap on S 3-point		OLap only 25.3-point		☐ Not Dep	
Pilot Certificate(s) (Check al. □ None □ Plight I		Commercial	☐ US Mi	litary	Q 4-point	t	O 4-point		☐ Deploye	đ
Private Recreat	ional 🔲 🗸	Airline Transpo	ort 🗖 Foreign		O 5-point		O 5-point O Unknow	<u>,</u>	□ Unknow	п
Student Sport		Flight Engineer			Опино	₩ Ⅱ	O DIMINI	-		
Principal Occupation	Medical Certific	ate		Me	dical Cert	ificate Va	lidity	1	ate of Las	t Medical
		Class 3		10	Without lim	itations/waiv	vers OU	nknown		
O Other	Class I C	Driver's Lice	nse (Sport Pilot	only) Ŏī	With limitat	ions/waivers	Š ŎN	/A .	mm/dd/yy	
) Unknown		108	Special Issu	нисе				/ ·
Medical Certificate Limitati	ons		-	Δ -	0 -		- 1-7			
	ţ	⊃ask_	Med	HS c	> 4 - 2	ン- 1 5-7	2011			
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft	•					
or Equivalent, Including	9/20/18		Cess							
FAR 121/135 Checks:	mm/dd/yyyy	Model	. 18	2 Q						
Airplane Rating(s)	Other Aircrat			ent Rating(s	o 1	Instructo	r Rating(s)			
(Check all that apply)	(Check all that a			that apply)	.	(Check all)				
□ None	□ None		None None	- -		None None	- Gi		Instrument	
Single-Engine Land Single-Engine Sea	☐ Airship ☐ Balloon		Airpla Helico				e Single-Engi e Multi-Engir		Instrument l Helicopter	rencopter
☐ Multiengine Land	☐ Glider		Power		ł	☐ Gyropla	ine		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				ĺ	Powere	d Lift		Sport	
	Powered Lift	<u>t </u>						VIII		
Type Ratings						Student E	Endorsemer	its (Include a	lates)	
					}					
					}					
	· · · · · ·		Airplane		1	Inst	rument	l		
Flight Time (Enter appropriate number of hours in each box)	e All Ajreraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1880	19,40	1880		25?		5.0?			
Pilot in Command (PIC)	1800	1600	ପ୍ରଥମ							
Time as Instructor										
This Make/Model										
Last 90 Days	7.0	7.0	7.0							
Last 30 Days	4.0	4.0	4.0							
Last 24 Hours				1		1	ł	I	i	ł

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" R OPilot OCo-Pilot	Kesponsibilities at the O Student Pilot	e Time of A OFlight Inst	ccident/Incident/Incident		_	ht Engineer	O Other #1			
"Flight Crewmember 2" w		Yes No	0				<u> </u>			
"Flight Crewmember 2" Ic	dentification									
First Name:				Cit	y of Res	sidence:				
Middle Initial:				Sta	te:		zı	P:		
Last Name:			,							
	f Accident/Incident:									
Age at tittle o.			ficate Numbe							
Degree of Injury	Seat Occupied		volument		raint T	уре		T	nflatable R	estraints
O None O Fatal	O Left	O Front	OUnknow	_ 1	vailabl	-	Ųsed			
O Minor O Unknown O Serious	ORight OCenter	ORear OSingle		1	O None	•	O None		Not Insta	
		- omere			O Lap o	only	O Lap only O 3-point		Installed Not Dep	
Pilot Certificate(s) (Check		mmercial	☐ US Mili	itary	O 4-poi:	int	O 4-point		Deploye	d
☐ Nome ☐ Flight ☐ Private ☐ Recre	eational 🗖 Air	line Transport		1tary	O 5-poi	int	O 5∞point	_	Unknow	
Student Sport		ght Engineer			O Unkn	uowii	O Unknow	.		
Principal Occupation	Medical Certificat	<u> </u>		Med	lical Ce	rtificate Val	idity	1	Date of Last	t Medical
O Pilot	O None OC	lass 3		Qw	ithout lir	mitations/waiv	ers O Un	nknown		
O Other	O Class I O D	πίνετ's Licens	e (Sport Pilot o	only) ŎW	ith l i mit	ations/waivers			mm/dd/yy	עע
O Unknown		Inknown		US	pecial Iss	- restrict				
Medical Certificate Limits	actons									
Medical Certificate Specia	il Issuance							-		
The state of the s										
Date of Last Flight Review	Y	Fliant v	Review Airci	raft						
or Equivalent, Including		-								
FAR 121/135 Checks:	- A - A - A									
	mm/dd/yyyy		T		-	J	Dada			
Airplane Rating(s) (Check all that apply)	Other Aircraft I (Check all that app		I	ent Rating(s) that apply)	'	Instructor (Check all th				
(Check all that apply) None	(Check all that app	7/	(Check all	appty)	1	Check all th	<i>«</i> « « « « » « »	Ė	Instrument A	irplane
☐ Single-Engine Land	🗖 Airship		☐ Airplan			☐ Airplane	Single-Engin	ie 🛄	Instrument H	
☐ Single-Engine Sea	□ Balloon		☐ Helicop	pter	,	☐ Airplane	Multi-Engine	, 🗀	Helicopter	
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Powere	a Lift	1	☐ Gyroplan ☐ Powered			Glider Sport	
- A-A-A-A-A-BIMO DEC	Helicopter		1				. 007		£-11	
	☐ Powered Lift					Q4	.do	w /7=	rése l	
Type Ratings						Student Er	_{guor} sement	ts (Include de	ures)	
1					1	1				
THE . T			Airplane		T	r	rument	1		_
Flight Time (Enter appropr number of hours in each box)	riate All Aircraft	This Make & Model	Single Engine	Aizplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time						. o-144.45.	o		L	
Pilot in Command (PIC)	+			_	Ī			L		
Time as Instructor							L			
This Make/Model						_	L_			
Last 90 Days					<u> </u>					
Last 30 Days							1			
Last 24 Hours										

ADDITIONAL FLIG	HTCREWMEM	3ERS (Exclusive	of cabin cre	w. complete	the followin	<u>q information)</u>			
Crew Name and Addr							Seat Occupied	1	Injury	
First Name:		City	of Residen	100;			O Left O Center	OFront ORear	O None O Minor	
Middle Initial:	_	State)\$	z	IP:	 .	O Right	O Single	O Serious	
Last Name:		Cour	atry:				_	OUnknown	O Fatal O Unknown	
Pilot Certificate(s) (Ca	heck all that apply)						Restraint Typ		Inflatable	
None	☐ Flight Instructor	□ Com	nmercial	US Military			Ayailable O None	Used O None	Restraints	
□ Private	Recreational		ine Transp	ort Fore	-		O Lap Only	O Lap Only	Not Installed Installed	
☐ Student	□ Sport	☐ Flig	ht Enginee	e r			O3-point O4-point	O 3-point O 4-point	Not Deployed	
Type Rating/Endorse	ment for			light Time at		_	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown	
Accident/Incident Air	craft? 🔲 Yes	□ No	of this A	Accident/Incl	dent:	hrs	O UILIOWA	Ale — compares		
	7-17-3-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						Seat Occupie	d	Injury	
Crew Name and Addi		Color	of Posider	nce:			OLeft	OFront	ONone	
First Name:					IP:		O Center	O Rear O Single	O Minor O Serious	
Middle Initial:		_					ORight	O Single O Unknown	O Serious O Fatal	
Last Name:		COU	-,ч.у;			_ !			O Unknown	
Pilot Certificate(s) (C	heck all that apply)			ar-81 ()			Restraint Typ Available	oe: Used	Inflatable Restraints	
□ None	Flight Instructor	_	mmercial line Transp		Military		Q None	ONone	Not Installed	
☐ Private ☐ Student	☐ Recreational ☐ Sport	_	line Transp ght Engines		ciën		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed	
					AL_ (TV		O 4-point	O 4-point	☐ Not Deployed ☐ Deployed	
Type Rating/Endorse Accident/Incident Air		□ No	L	light Time at Accident/Incid		hrs	O 5-point OUnknown	O 5-point O Unknown	☐ Unknown	
PASSENGER(S) /								<u> </u>	vspalatik (erge	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1							i	Inflatable	Amo	
Name and Address				Seat	Injury	Restraint T Available	Used	Restraints	Age	
First Name:	City:			OLeft	ONone	ONone	ONone	☐ Not Installed	☐ Under 5 years	
Middle Initial:	State:	ZIP:		OCenter	OMinor .	OLap Only O3-point O4-point	O 3-point O 4-point	☐ Installed ☐ Not Deployed ☐ Deployed		
Last Name:	Country:			ORight OUnknown	O Serious O Fatal				O Child Restrain	
O Crew	OPassenger	O Ot	ther	Row:	OUnknown	O5-point OUnknown	O 5-point O Unknown	Unknown	O Lap-Held O Unknown	
First Name:	City :					Available O None	Used O None			
Middle Initial:				O'Left OCenter	O None O Minor	OLap Only	/ 🗘 Lap Only	☐ Not Installed ☐ Installed	.	
Last Name:				ORight	O Serious	O3-point O4-point	O 3-point O 4-point	☐ Not Deployed		
OCrew	○ Passenger	Oot		Row:	OFatal OUnknown	O5-point OUnknown	O 5-point	Unknown	O Child Restrain O Lap-Held O Unknown	
						Available	Used			
First Name:				QLeft QC	ONone	O None O Lap Only	O None Lap Only	☐ Not Installed ☐ Installed	□ Under 5 years	
			OCenter ORight	OMinor OSerious	O3-point	O 3-point	☐ Not Deployee	d If Under 5,		
Last Name:	Country:			OUnknown OFatal		O4-point O5-point	O 4-point O 5-point	Deployed Unknown	Child Restrain	
O Crew	OPassenger .	O O	ther	Row:	OUnknown	OUnknown	n O Unknown		O Lap-Held O Unknown	
First Name:	City :		*****	OLeft	ONone	Available O None	Used	☐ Not Installed	Under 5 years	
Middle Initial:				OCenter	OMinor .	OLap Only		☐ Installed		
Last Name:				ORight OUnknown	OSerious OFatal	O3-point O4-point	O 3-point O 4-point	☐ Not Deployed ☐ Deployed	d If Under 5, O Child Restrain	
OCrew	O Passenger	00		Row:	OUnknown	I	Q 5-point	Unknown	O Lap-Held O Unknown	

FLIGHT ITINERARY IN	FORMATION							
Last Departure Point		of Departure	Destination			Type Fligh	ıt Plan F	Hed
		-	Airport ID: KMZZ			None	O VFR/IFR	
	Time:	4:45p		Jarion		O Company	y VFR	
City: Rochester			1 Caty	101		O Military O VFR	VFR	O Unknown
State: 100	1 ime	Zone:					OV-	ONo OUnknown
Country: U.S.			Country:	U.S.		Armyateur	O168	OMO COMMONI
Type of ATC Clearance/Servi		apply)			—			
♥ VFR □□		□ VFI	ciai IFR R On Top		☐ VFR Flight Folion ☐ Traffic Advisory	owing 	Crai	se nown/NA
Airspace where the accident/i		(Check all that c	apply)				Altitu	de of In-Flight
	lass G		itary Operations		☐ Special ☐ Air Traffic Cont	-al Ar	Occur	rrence:
	Jemo Area	HAM	oort Advisory Ar Praining Area	ΙĊĦ	☐ Unknown	(A) W) est	10	医 880 ft mst
	Varning Area Trohibited Area	TRS						47 conco
	testricted Area	☐ FAF						
WEATHER INFORMAT	TION AT THE	ACCIDENT	T/INCIDEN	TSITE		in a digaza yez ili alba art. Vengazak eta geragaza ili a	gara:	
Source of Pilot Weather Infor					servation Facility			
(Check all that apply)	- ~			Facility ID:				
National Weather Service	☐ Com	pany arv		Observation T	inae:			
☐ Flight Service Station ☐ TV/Radio	Inter	⊶ y 1et		i				
Automated Report	None			li .	Accident Site:			
Commercial Weather Service (I	DUATS) 🗖 Unkt	IOWII						a trace
On-Board Weather				Tyrection Hou	a Accident Site:		degree	3 HU4
Basic Conditions		Light Conditi		ا سم عشر	L NIL-LA	llmare		
X VMC		ODawn WATERY	ODusk ONight		k Night OU1 ght Night	nknown		
OIMC OUnknown		9 Day	ONight	Opul				
		Collina			Temperature		(C)	7 (F)
Sky/Lowest Cloud Condition Clear	Thin Broken	Celling None (Clear)	, ^	Obscured				
	Thin Broken Thin Overcast	O Broken	, S	Indefinite	Dew Point:	((C) or _	(F)
O Partial Obscuration O	Unknown	O Overcast	_	Holmoum				
O Scattered	İ				Altimeter Set	or	пл.	3
Lowest Cloud Condition Heigh	ght	Ceiling Heigh	t	_		or		
	_ ft agl			ft agi				
Wind Direction	Wind Speed		Wind Gusts	3	Visibility	10	miles	_
Variable	Calm	Ì	☐ Not Gusti	ng	p3/6	t:		
73	Light and Varia	ible			ł			
-or-	-or-		-or-	_		/:	miles	
Direction:degrees true	Speed:	kts	Speed:	kts	Density Altitu			_ <u>ft</u>
Intensity of Precipitation	Type of Precipita				Restriction to			that apply)
OLight	None	Drizzle Drizzle	Freezin		None Planting D	📮	Fog Grand F	'oe
O Moderate	Rain Rain	Ice Pellets	Snow S	Shower lets Shower	☐ Blowing D☐ Blowing Sa		Ground F Haze	46
	Snow Hail	Snow Pellet			Blowing St		tee Fog	
ON/A OUnknown	Rain Showers	☐ Snow Gram ☐ Ice Crystals		~p ~~*******	☐ Blowing S _J	ргау 🔲	Smoke	
					Dust		Unknown	1
Icing Forecast		Icing Actual			Turbulence	#17 #2 # - · · ·	_	avarity.
Amount Type		Amount None	Type		Type (Check a □ None	ці inat apply)		everity]Light
None 2 N/A O Trace O Rime		O Trace	O Rim		Clear Air			Moderate
O Light O Clear		O Light	O Cles	tr	Terrain-Ind		Č	Severe
O Moderate O Mixed		O Moderate	O Mix	ed	Convective	Turbulence	Ē	Extreme
O Severe O Unknown	a	O Severe O Unknown	O Unk	nown	1			
O Unknown								
NOTAMs (D and FDC), A	IRMETs, SIGN	1ETs, PIREP	s in effect at	the time of	the accident/inc	dent:		
, -,,								
-								

ļ	DAMAGE	eroraliteitatori		OPERTY		
	Aircraft Dam O None O Minor		Aircraft Fire O None O In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight 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)

Arcraft was completely destroyed by fre after the occupants extend the airplane.

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

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.

Coming in for last landing of the day. Used traffic pattern for Runway of. Normal Pattern, approach to final was good. On touch down we hit harder than would have liked,... bounced we hit harder than would have liked,... bounced and then opted to go around. Added full power, nose pitched up sharply. Attempted to level plane, but had lost too much airspeed. Tried to level and gain airspeed, but lost lift on right side. Tried to push yoke forward to gain airspeed but it was too late. Aircraft dufted to the right, right wing stalled and impacted the ground next to taxi way. Aircraft then impacted and spun almost 360°. Noticed fire had stouted in front of firewall, all occupants aircraft immediately through passenger door.

RECOMMENDATION (How o	ould this a	cidentincident has	e been prev	roted?)				
Operator/Owner Safety Recommer	dation							
	Walley Salat Orl	n e e e e e e e e e e e e e e e e e e e	TALIMI SECTION SECTION	Tanki ja maratan	lla divina de la compania de la comp	alsunisa e traspe de como de	sa ta wasan wasan wa ka	Ngiryygdianingerif i
MECHANICAL MALFUN	10100		e space la ne	edad, cor	itinue on separ	ate sheet)		
Was there Mechanical Malfunct (If yes, list the name of the part, manuf	ion/Fallure facturer, part	? 🔲 Yes 🙀 No no., serial no., and des	cribe the failur	e.)			Total Time On Part	c/Cycles
								Hours
								Cycles
							Time Since	e This Part
								Overhauled
								Hours
FUEL & SERVICES INFO	NOREA TH		1814, gr7-187.	The way	. 500 1000 1000	awa ak (yo gwi sa	<u> </u>	
Fuel on Board at Last Takeoff	NING IN	Fuel Type	<u>1, 191-11 (1.1 kw 5 hus 880 99).</u>	<u> </u>	- 3974, 1, 4374, <u>319</u>	<u>, i tet i je en ji tan negt e</u>	think of Winderful Edition in the 18	**************************************
(Convert from pounds, as necessary)		Q 80/87	Q 115/145		O Jet B	O Other, speci	fy	
75 (Gallons	6 100 Low Lead 5 100/130	O Jet A O Jet A-1		O JP8 O Automotive			
Other Services, If Any, Prior to	Departure		_					
, ,								
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation o			. 1	□ No				
Ad the district Deposits have t	La aaaanaa	te evited and how me	my occupant	evacuate	d each location			
All A exit	_ J _ +\	moved Da	Service Y	die	- that	opened	on impa	ct.
HILL EXIT	C2(\.	.42 6	-40 4250			•		
OTHER AIRCRAFT - CO	oi i isioi	N (If sir or ground	collision oor	urred co	mplete this sec	tion for <i>other</i> a	ircraft)	
Aircraft Registration Number		ırer:					Damage to Oth	er Aircraft
WHAT HE INCHES THE WAY THE WHAT							☐ Destroyed ☐ Substantial	☐ Minor ☐ None
Registered Owner of Other Afr					Other Aircraft		- Pacskuttet	EME VACATO
Name:								
City:				City:				
State: ZIP:ZIP:				State:		ZIP:		
~~~~				~~~~				

ADDITIONAL INFORMATIO	N (Please type or print in ink)		
Use this space if additional space i			
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		TE AND ACCURATE TO THE BEST OF	wy knowledge
1 1 - 1 1	Pilot/Operator:		
	*		
mm/dd/yyyy - or -	Check here to electronically sign this d	locument	
If a Person Other than Pilot/Op	erator is Filing Report	ANIA	
	JOHNZON (LEFT H	AN(1) Title:	
Signature:Check here to	o electronically sign this document		
		USE ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA19CA246	GAA	Kate Benhoff	5/15/2019