

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Mangham State: LA

ZIP: 71259 Country: U.S.

Latitude: 32.22N Longitude: 91.87W

(Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 9/7/2019 Local Time: 10:00 AM

mm/dd/yyyy Time Zone: CDT

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N4136Y

Manufacturer: Bellanca

Model: CITABRIA

Serial Number: 595-76

Year of Manufacture: 1976

Amateur-Built: ☐ Yes ☐ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Number of Seats: \_\_\_\_\_ Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: \_\_\_\_\_

### Category of Aircraft

- ☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rocket  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate

(Check all that apply)

- |   |   |
|---|---|
| <b>Standard</b>   | <b>Special</b>                                    |
| <input type="checkbox"/> Normal                                       | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic                                    | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon                                      | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter                                     | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport                                    | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility                                      | <input type="checkbox"/> Special Light-Sport      |
|   | <input type="checkbox"/> Experimental Light-Sport |
| <input type="checkbox"/> Certificate of Authorization or Waiver (COA) |   |
| <input type="checkbox"/> None <input type="checkbox"/> Unknown        |   |

### Landing Gear

(Check all that apply)

- ☐ Retractable ☒ Tailwheel
- ☐ Tricycle ☐ High Skid
- ☐ Amphibian ☐ Skid
- ☐ Emergency Float ☐ Ski
- ☐ Float ☐ Ski/Wheel
- ☐ Hull ☐ Other Launch/Recovery System
- ☐ None ☐ Unknown

### Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket
- ☐ Turbo Shaft ☐ Solid Rocket
- ☐ Turbo Prop ☐ Hybrid Rocket
- ☐ Turbo Jet ☐ None
- ☐ Turbo Fan ☐ Unknown
- ☐ Electric

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. | Rated Power                            | Total Time       | Time Since Inspection | Time Since Overhaul |
|--------|---------------------|---------------------|------------------------------|--------------|--|------------------|-----------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>0-320</u>        | <u>?</u>                     | <u>?</u>     | <u>150</u> Horsepower or lbs of Thrust | <u>?</u> (hours) | <u>?</u> (hours)      | <u>?</u> (hours)    |
| Eng. 2 |                     |                     |                              |              |  |                  |                       |                     |
| Eng. 3 |                     |                     |                              |              |  |                  |                       |                     |
| Eng. 4 |                     |                     |                              |              |  |                  |                       |                     |

### Last Inspection Type

- ☐ 100-Hour ☐ Continuous Airworthiness
- ☐ AAIP ☐ Conditional Inspection
- ☒ Annual ☐ Unknown

Date Last Inspection: 10/23/2018

Airframe Total Time: ? hrs

hours measured at (Select one) ?

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program (Select one)

- ☒ Annual
- ☐ Conditional (Amateur-built only)
- ☐ Manufacturer's Inspection Program
- ☐ Other Approved Inspection Program (AAIP)
- ☐ Continuous Airworthiness
- ☐ Other, specify: \_\_\_\_\_

### Description of Fire Extinguishing System

- ☐ None ☐ Specify: ?

### Propeller 1

- ☒ Fixed Pitch ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: ?

Model: ?

ELT Installed: ☒ Yes ☐ No

If Yes: ELT Manufacturer: ?

Model or Part No.: ?

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)

☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated: Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage

☐ Battery Expired/Damaged

☒ Unknown

### Propeller 2

- ☐ Fixed Pitch ☐ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

### Additional Equipment (Check all that apply)

- ☐ ADS-B
- ☐ Airframe Parachute
- ☐ Angle of Attack Indicator
- ☐ Autopilot
- ☐ Data Recorder
- ☐ Electronic Flight Bag or Handheld Device
- ☐ Electronic Multifunction Display
- ☐ Electronic Primary Flight Display
- ☐ Handheld GPS
- ☐ Heads Up Display
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: JAMES WHITMANCity: ManghamState: LA ZIP: 71259Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: U.S.**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

Name: \_\_\_\_\_

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- ☒ 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)  
☐ 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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437  
  
☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local

☒ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International  
  
☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☐ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☐ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☒ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: WILLIAMS FLYING SERVICEAirport Identifier: 62A6Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/ADistance From Airport Center: .5 smDirection From Airport: 180 degrees trueAirport Elevation: 79' ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 3000 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**

- ☐ Asphalt ☒ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

**Condition of Runway/Landing Surface (Check all that apply)**

- ☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ 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)**

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☒ Landing ☐ Base ☐ Go Around  
☐ Initial Climb ☐ Final ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach (Check all that apply)**

- ☐ None  
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ Unknown

**VFR Approach (Check all that apply)**

- ☐ None  
☐ Traffic Pattern ☐ Stop and Go  
☒ Straight-In ☐ Touch and Go  
☐ Valley/Terrain Following ☐ Simulated Forced Landing  
☐ Go Around ☐ Forced Landing  
☐ Full Stop ☐ Precautionary Landing  
☐ Unknown

# "FLIGHT CREWMEMBER 1" INFORMATION

## "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

☒ Pilot    ☐ Co-Pilot    ☐ Student Pilot    ☐ Flight Instructor    ☐ Check Pilot    ☐ Flight Engineer    ☐ Other Flight Crew

"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

## "Flight Crewmember 1" Identification

First Name: Paul

City of Residence: Carrollton

Middle Initial: D.

State: TX ZIP: 75010

Last Name: Williams

Country: U.S.

Age at time of Accident/Incident: 59 Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

### Degree of Injury

☒ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

### Seat Occupied

☐ Left    ☒ Front    ☐ Unknown  
☐ Right    ☐ Rear  
☐ Center    ☐ Single

### Restraint Type

**Available**  
☐ None  
☒ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown  
**Used**  
☐ None  
☒ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

### Inflatable Restraints

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### Pilot Certificate(s) (Check all that apply)

☐ None    ☐ Flight Instructor    ☒ Commercial    ☐ US Military  
☐ Private    ☐ Recreational    ☐ Airline Transport    ☐ Foreign  
☐ Student    ☐ Sport    ☐ Flight Engineer

### Principal Occupation

☐ Pilot  
☒ Other  
☐ Unknown

### Medical Certificate

☐ None    ☐ Class 3  
☐ Class 1    ☐ Driver's License (Sport Pilot only)  
☒ Class 2    ☐ Unknown

### Medical Certificate Validity

☐ Without limitations/waivers    ☐ Unknown  
☒ With limitations/waivers    ☐ N/A  
☐ Special Issuance

### Date of Last Medical

10/30/2018  
 mm/dd/yyyy

### Medical Certificate Limitations

Must wear corrective lenses for near and distant vision

### Medical Certificate Special Issuance

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

1/15/2018  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Cessna  
 Model: C-182

### Airplane Rating(s) (Check all that apply)

☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

### Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### Instrument Rating(s) (Check all that apply)

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

### Instructor Rating(s) (Check all that apply)

☐ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

### Type Ratings

Commercial

### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|---|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|   |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time  | 1382.9       | 38.0              | 1320.5                 | 63.5                 | 215.3 | 87.4       | 30.2      | —          | —      | —                |
| Pilot in Command (PIC)                                      | 1250.7       | 38.0              | 1187.2                 | 21.3                 | 185.6 | 70.4       | 30.2      | —          | —      | —                |
| Time as Instructor  |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model   |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days  | 4.4          | 4.4               | 4.4                    | —                    | —     | —          | —         | —          | —      | —                |
| Last 30 Days  | 4.4          | 4.4               | 4.4                    | —                    | —     | —          | —         | —          | —      | —                |
| Last 24 Hours   | .4           |                   |                        |                      |       |            |           |            |        |                  |

# **"FLIGHT CREWMEMBER 2" INFORMATION \*NONE\***

## **"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

**"Flight Crewmember 2" was pilot flying**
☐ Yes
 ☐ No

## **"Flight Crewmember 2" Identification**

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

### **Degree of Injury**

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

### **Seat Occupied**

☐ Left
 ☐ Front
 ☐ Unknown  
☐ Right
 ☐ Rear  
☐ Center
 ☐ Single

### **Restraint Type**

| Available                      | Used                           |
|--------------------------------|--------------------------------|
| <input type="radio"/> None     | <input type="radio"/> None     |
| <input type="radio"/> Lap only | <input type="radio"/> Lap only |
| <input type="radio"/> 3-point  | <input type="radio"/> 3-point  |
| <input type="radio"/> 4-point  | <input type="radio"/> 4-point  |
| <input type="radio"/> 5-point  | <input type="radio"/> 5-point  |
| <input type="radio"/> Unknown  | <input type="radio"/> Unknown  |

### **Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

### **Pilot Certificate(s) (Check all that apply)**

|                                  |  |  |                                      |
|----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial        | <input type="checkbox"/> US Military |
| <input type="checkbox"/> Private | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign     |
| <input type="checkbox"/> Student | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer   |                                      |

### **Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

### **Medical Certificate**

☐ None
 ☐ Class 3  
☐ Class 1
 ☐ Driver's License (Sport Pilot only)  
☐ Class 2
 ☐ Unknown

### **Medical Certificate Validity**

☐ Without limitations/waivers
 ☐ Unknown  
☐ With limitations/waivers
 ☐ N/A  
☐ Special Issuance

### **Date of Last Medical**

mm/dd/yyyy

### **Medical Certificate Limitations**

### **Medical Certificate Special Issuance**

### **Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

### **Flight Review Aircraft**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

### **Airplane Rating(s) (Check all that apply)**

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

### **Other Aircraft Rating(s) (Check all that apply)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### **Instrument Rating(s) (Check all that apply)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

### **Instructor Rating(s) (Check all that apply)**

|   |  |
|---|--|
| <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|---|--|

### **Type Ratings**

### **Student Endorsements (Include dates)**

### **Flight Time (Enter appropriate number of hours in each box)**

|                        | 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          |              |                   |                        |                      |       |            |           |            |        |                  |



| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)  |  |  |   |   |   |  |  |  |  |
|---|--|--|---|---|---|--|--|--|--|
| <b>Crew Name and Address</b> <span style="font-size: 1.2em; color: blue;">*NONE*</span>   |  |  |   |   | <b>Seat Occupied</b>  |  | <b>Injury</b>  |  |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |  |  |   |   | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown  |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport             </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer             </div> </div> |  |  |   |   | <b>Restraint Type:</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>           |  | <b>Inflatable Restraints</b> <div style="font-size: 0.8em;"> <input type="checkbox"/> Not Installed<br/> <input type="checkbox"/> Installed<br/> <input type="checkbox"/> Not Deployed<br/> <input type="checkbox"/> Deployed<br/> <input type="checkbox"/> Unknown             </div> |  |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |   | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  |  |  |  |
| <b>Crew Name and Address</b>  |  |  |   |   | <b>Seat Occupied</b>  |  | <b>Injury</b>  |  |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____  |  |  |   |   | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown  |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown   |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport             </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer             </div> </div> |  |  |   |   | <b>Restraint Type:</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>           |  | <b>Inflatable Restraints</b> <div style="font-size: 0.8em;"> <input type="checkbox"/> Not Installed<br/> <input type="checkbox"/> Installed<br/> <input type="checkbox"/> Not Deployed<br/> <input type="checkbox"/> Deployed<br/> <input type="checkbox"/> Unknown             </div> |  |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |   | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs   |  |  |  |  |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)   |  |  |   |   |   |  |  |  |  |
| <b>Name and Address</b>   |  |  | <b>Seat</b>   | <b>Injury</b>   | <b>Restraint Type</b>   |  | <b>Inflatable Restraints</b>   | <b>Age</b>   |  |
| First Name: <span style="color: blue;">Benjamin</span> City: <span style="color: blue;">FT. Worth</span><br>Middle Initial: _____    State: <span style="color: blue;">TX</span> ZIP: <span style="color: blue;">76118</span><br>Last Name: <span style="color: blue;">WILLIAMS</span> Country: <span style="color: blue;">U.S.</span>  |  |  | <input checked="" type="radio"/> Rear<br><input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <span style="color: blue;">2</span> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input checked="" type="radio"/> None<br/> <input checked="" type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown   | <div style="font-size: 0.8em;"> <span style="color: blue; font-size: 1.2em;">35</span><br/> <input type="checkbox"/> Under 5 years<br/>           If Under 5,<br/> <input type="radio"/> Child Restraint<br/> <input type="radio"/> Lap-Held<br/> <input type="radio"/> Unknown         </div> |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>                                  |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown   | <div style="font-size: 0.8em;"> <input type="checkbox"/> Under 5 years<br/>           If Under 5,<br/> <input type="radio"/> Child Restraint<br/> <input type="radio"/> Lap-Held<br/> <input type="radio"/> Unknown         </div>   |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>                                  |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown   | <div style="font-size: 0.8em;"> <input type="checkbox"/> Under 5 years<br/>           If Under 5,<br/> <input type="radio"/> Child Restraint<br/> <input type="radio"/> Lap-Held<br/> <input type="radio"/> Unknown         </div>   |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____   |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div>                                  |  | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown   | <div style="font-size: 0.8em;"> <input type="checkbox"/> Under 5 years<br/>           If Under 5,<br/> <input type="radio"/> Child Restraint<br/> <input type="radio"/> Lap-Held<br/> <input type="radio"/> Unknown         </div>   |  |

# FLIGHT ITINERARY INFORMATION

|   |  |   |  |
|---|--|---|--|
| <b>Last Departure Point</b><br>Airport ID: <u>6L A6</u><br>City: <u>Maugham</u><br>State: <u>LA</u><br>Country: _____ | <b>Time of Departure</b><br>Time: <u>9:30AM</u><br>Time Zone: <u>CDT</u> | <b>Destination</b><br>Airport ID: <u>6L A6</u><br>City: <u>MANHAM</u><br>State: <u>LA</u><br>Country: _____ | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Company VFR<br><input type="checkbox"/> Military VFR<br><input type="checkbox"/> VFR<br><input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> IFR<br><input type="checkbox"/> Unknown<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|---|--|

## Type of ATC Clearance/Service (Check all that apply)

|  |                                      |                                      |   |                                       |
|--|--------------------------------------|--------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

## Airspace where the accident/incident occurred (Check all that apply)

|   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |
| <input type="checkbox"/> Class B            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |  |
| <input type="checkbox"/> Class C            | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |  |
| <input type="checkbox"/> Class D            | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |   |  |
| <input checked="" type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |   |  |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Source of Pilot Weather Information

(Check all that apply)

|   |   |
|---|---|
| <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 type="checkbox"/> Automated Report                   | <input checked="" type="checkbox"/> None - <del>VFR</del> |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown                          |
| <input type="checkbox"/> On-Board Weather                   |   |

### Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

### Basic Conditions

☒ VMC  
☐ IMC  
☐ Unknown

### Light Condition

☐ Dawn  
☒ Day  
☐ Dusk  
☐ Night  
☐ Dark Night  
☐ Bright Night  
☐ Unknown

### Sky/Lowest Cloud Condition

☒ Clear  
☐ Few  
☐ Partial Obscuration  
☐ Scattered  
☐ Thin Broken  
☐ Thin Overcast  
☐ Unknown

### Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

### Ceiling

☒ None (Clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

### Ceiling Height

\_\_\_\_\_ ft agl

Temperature: \_\_\_\_\_ (C) or 79 (F)

Dew Point: \_\_\_\_\_ (C) or 71 (F)

Altimeter Setting: 30.02 in. Hg  
 or \_\_\_\_\_ MB

### Wind Direction

☒ Variable

-or-  
 Direction: \_\_\_\_\_ degrees true

### Wind Speed

☐ Calm  
☐ Light and Variable

-or-  
 Speed: \_\_\_\_\_ kts

### Wind Gusts

☐ Not Gusting

-or-  
 Speed: \_\_\_\_\_ kts

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: 1800 ft

### Intensity of Precipitation

☐ Light  
☐ Moderate  
☐ Heavy  
☐ N/A  
☐ Unknown

### Type of Precipitation (Check all that apply)

☒ None  
☐ Rain  
☐ Snow  
☐ Hail  
☐ Rain Showers  
☐ Drizzle  
☐ Ice Pellets  
☐ Snow Pellets  
☐ Snow Grains  
☐ Ice Crystals  
☐ Freezing Rain  
☐ Snow Shower  
☐ Ice Pellets Shower  
☐ Freezing Drizzle

### Restriction to Visibility (Check all that apply)

☒ None  
☐ Blowing Dust  
☐ Blowing Sand  
☐ Blowing Snow  
☐ Blowing Spray  
☐ Dust  
☐ Fog  
☐ Ground Fog  
☐ Haze  
☐ Ice Fog  
☐ Smoke  
☐ Unknown

### Icing Forecast

| Amount                                   | Type                             |
|--|----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> N/A     |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Rime    |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Clear   |
| <input type="checkbox"/> Moderate        | <input type="checkbox"/> Mixed   |
| <input type="checkbox"/> Severe          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown         |                                  |

### Icing Actual

| Amount                                   | Type                             |
|--|----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> N/A     |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Rime    |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Clear   |
| <input type="checkbox"/> Moderate        | <input type="checkbox"/> Mixed   |
| <input type="checkbox"/> Severe          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown         |                                  |

### Turbulence

| Type (Check all that apply)                         | Severity                                     |
|---|--|
| <input type="checkbox"/> None                       | <input type="checkbox"/> Light               |
| <input type="checkbox"/> Clear Air                  | <input checked="" type="checkbox"/> Moderate |
| <input checked="" type="checkbox"/> Terrain-Induced | <input type="checkbox"/> Severe              |
| <input type="checkbox"/> Convective Turbulence      | <input type="checkbox"/> Extreme             |

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

NONE/NA

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None ☒ Substantial  
☐ Minor ☐ Destroyed  
☐ Unknown

**Aircraft Fire**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Fire at Unknown Time  
☐ On-Ground ☐ Unknown

**Aircraft Explosion**

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Explosion at Unknown Time  
☐ On-Ground ☐ Unknown

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

Both Wings (Impact w/Trees)  
Propeller (Impact w/Trees)  
Plexiglass Top of Fuselage (Impact w/Trees)

**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.

After a normal VFR Flight up to 5500' MSL, Normal decent occurred followed by a left downwind approach to Rwy 36. On touchdown, aircraft bounced once followed by a normal touchdown on the mains. Aircraft immediately started veering off centerline to the left. Right rudder was applied having no effect. Aircraft slowed considerably but continued veering to the left after full rudder to the right where impact to the trees on the left side of the runway occurred. After coming to rest, Pilot door was jammed. Fuel was observed leaking from the left wing. BOTH MAGS & Master was selected to off. Mixture was set to idle cutoff. Fuel valve was selected to off. Pilot exited through the top of the aircraft. No injury occurred, but aircraft suffered Substantial structural damage.

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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No  
(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

**FUEL & SERVICES INFORMATION**

**Fuel on Board at Last Takeoff**  
(Convert from pounds, as necessary)

31

Gallons

**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify \_\_\_\_\_☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive

Other Services, if Any, Prior to Departure

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No**Method of Exit** - Describe how the occupants exited and how many occupants evacuated each location.

As stated earlier, through the top of the fuselage.

**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**

N4136Y

**Manufacturer:**

Bellanca

**Model:**

Citabria

**Damage to Other Aircraft**☐ Destroyed☐ Minor☐ Substantial☒ None**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION** (Please type or print in ink)

Use this space if additional space is needed for any answers.

? - on page 3, owner is out of town, and doesn't have access to logbooks. By phone he verified annual was done 10/23/18.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Date of this Report

9/14/2019  
mm/dd/yyyyName of Pilot/Operator: Paul D. WilliamsSignature: [Redacted]- or - ☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

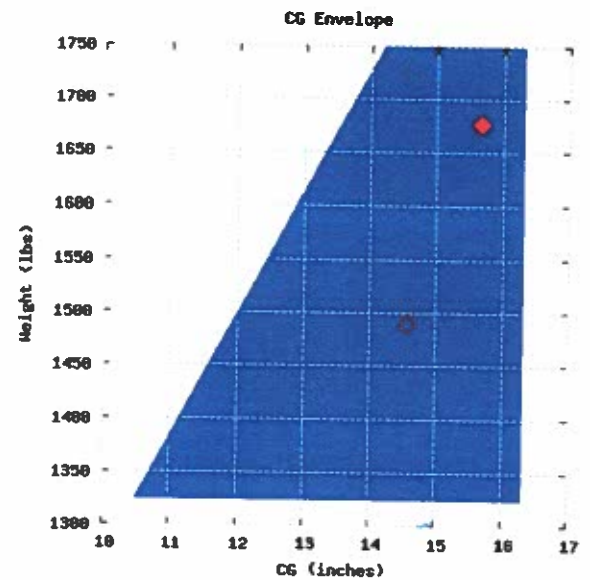
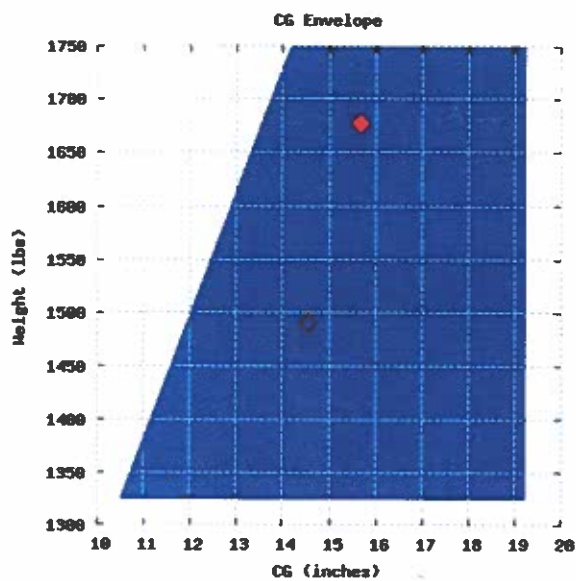
Signature: \_\_\_\_\_

- or - ☐ Check here to electronically sign this document**FOR NTSB USE ONLY**NTSB Accident/Incident No.  
CEN19LA310Reviewed by NTSB Regional Office  
Denver, COName of Investigator  
Edward MalinowskiDate Report Received  
9/24/19

**Weight & Balance, Normal Category (lbs, in):**

| Item         | Weight (lbs)  | Max               | Δ         | Arm          | Moment   |
|--------------|---|-------------------|-----------|--------------|----------|
| Empty Weight | 1155  | 1750              | 595       | 11.36        | 13120    |
| Front Seats  | 180   |                   |           | 11.50        | 2070     |
| Rear Seats   | 155   |                   |           | 42.00        | 6510     |
| Fuel         | 186<br>(31.0 gal)   | 210<br>(35.0 gal) | 24        | 24.50        | 4557     |
| Baggage      | 0   | 100               | 100       | 69.00        | 0        |
|              | <input type="button" value="Calculate"/> <input type="button" value="Reset"/> |                   |           |              |          |
| <b>Total</b> | <b>1676</b>   | <b>1750</b>       | <b>74</b> | <b>15.67</b> | <b>2</b> |

✓ Weight and CG are within limits for the Normal category.



**Basic Weights (lbs):**

| Empty Weight | MGTW | MRW  | MLW  |
|--------------|------|------|------|
| 1155         | 1750 | 1750 | 1750 |

**Normal category CG Limits (lbs, in):**

| Up to | Fwd Limit | Aft Limit |
|-------|-----------|-----------|
| 1325  | 10.50     | 19.20     |
| 1750  | 14.20     | 19.20     |

**Aerobatic category CG Limits (lbs, in):**

| Up to | Fwd Limit | Aft Limit |
|-------|-----------|-----------|
| 1325  | 10.50     | 16.30     |
| 1750  | 14.20     | 16.30     |