NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

BAS	C INFORMA	NOITA						V. 57		HITTONS	THE PARTY		TO COLUMN TO SERVICE STATE OF THE PARTY OF T
Accident/Incident Location						Accident/	Incid	ent Date/	Time				
Nearest	City/Place: Harri	son			_ State: 0	ЭН			18/2019		ocal Time:	1010	
ZIP: 45	5030	Country: Uni	ted States						Vyyyy		ocai i iiie.	1910	
Latitude	39.26N		Longitude: 84.7							Т	ime Zone:	Eastern	
	(Enter in decimo	al degrees or	degrees:minutes:se	econds)			Collision	with	Other Air	craft: (O Midair	OOn-grou	nd O None
AIRC	RAFT INFO	RMATIO	N	V Har	Negal	Victor and Religion				1		R VI DA	Tales Trees
Registi	ration Number:	N5406R					☑ IFR-	Equip	ped and Co	ertified			
Manuf	acturer: Cessn	а							al Space Fli Aircraft	ight			
Model: <u>172</u> F						A STATE OF THE STA		oss Weigh	t. 2300		Dec		
Serial	Number: <u>17252</u>	945							e of Accid				Ibs
Year o	f Manufacture:	1965									-		
Amate	ur-Built: OYes	If Yes:	OKit/Plans Ma	fake:			Cabin Crev	v Seats	5: 0		Flight Crew Seats: 2 Passenger Seats: 2		
	ONo	9	Original Design	ĺ			Number o				- and enge	. Jeus	
100 20	ory of Aircraft		irworthiness C	ertificate	y .	Landing Ge				Engin	e Type (S	elect one)	
AirplOBallo		(Check all a				(Check all tha				⊙ Rec	iprocating	OLiqu	id Rocket
OBlim	p/Dirigible	✓ Norma	al Restric				Retractable	—			bo Shaft bo Prop	N-50 100 100 100 100 100 100 100 100 100 1	d Rocket rid Rocket
OGlide OGyro	1D course	☐ Aerob ☐ Balloo	Datic Limited			☑ Tricycle	OTt			OTurt	oo Jet	ONone	
OHelic	opter				☐ Amphibian☐ Emergency					O Turbo Fan O Unknown O Electric		nown	
O Powe O Rock	ered Lift	ift Transport Experimental Float			□Float	y i loat	□Sk	i	OElec	uic			
			il Light-Spo imental Lig	ht-Sport	Hull		0.000	i/Wheel	Fuel Sy	el System Type (Reciprocating)		ing)	
OUnknown			n or Waiver (COA)			nch/Recover	y Syst	em	⊙ Carb	ouretor	O Fuel	-Injected	
		□None		Unknown	. N. C. C. C. C. C.	☐ None		Uu	nknown				
			Engine	Manufacturer's		Date Rated Power			Total		Since:		
Engine	Engine Manufa	cturer	Model/Series	Serial Number			of Mfg. O Horsepower mm dd yyyy O lbs of Thrus		Thrust	Time (hours)	Inspection (hours)	Overhaul (hours)	
Eng. 1	Continental		O-300-D		29977D	5D			145		3186.8	34.9	1722.3
Eng. 2 Eng. 3								_				382.8	STOH
Eng. 4								\dashv		-			
Last Ir	spection Type			Propell	er 1	●Fixed Pi	tch		Prope	ller 2		Fixed Pitch	
О100-Н		inuous Airwo	rthinacc			OControll	lable Pitch				O Controllable Pitch		
OAAIP	OCond	litional Inspec	ction	Manufacturer: McCauley						Continue	OGround Adjustable		
⊙ Annua				Model: K172/EM7653			Manufacturer: Model:						
Date La	ast Inspection:	09/25/2 mm/dd/yy		ELT Installed: •Yes ON			500 VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					2000	
Airfran	ne Total Time:		hrs	If Yes:	☑ ADS-B					(apply)			
1,000,000,000	s measured at (Se					er: Narco				rame Para			
OLast Inspection						: ELT-10					ck Indicate	or ·	
Type of Maintenance Program (Select one)			150 No.:		121.5 MHz) O (406 MHz)	C91a (121.5	MHz)	Data	Recorde				
Annual				Was ELT		A 9	t? •Yes ONo						
O Conditional (Amateur-built only) O Manufacturer's Inspection Program				Was ELT	still con	nected to anten	na? OYes	ONo	DElectronic Multifunction Display DElectronic Primary Flight Display				
O Other	Approved Inspect	ion Program	(AAIP)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		? OYes ON	lo			dheld GP: ds Up Dis			
O Conti	nuous Airworthine , specify:	ess		If activa		ocating Aircraf	. OVac	SN.	Onb	oard Wea	ther		
	tion of Fire Ext	inguishing	System	If not ac		ocating Airtrai	i. Ores (JINO	Sate	llite Track Warning	king Device	e	
O None	LOCATION .	Persumg	-jacin	Indicate		☐ Impact Dam	nage				ing Device	,	
⊙ Spec	ify: Halon					☐ Fire Damag	e	v		r, Specify			
					☐ Battery Expired/Damaged ☐ Unknown								

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: Aurora				
Name: MMM Enterprises LLC		State: IN ZIP: 47001				
Fractional Ownership Aircraft: O Yes 6) No	Country: United States				
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner				
Name: Michael Mathis		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Charact	er Code):	Country:				
0						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight	431 O Non-Scheduled or Air Taxi O International				
Commuter Air Carrier (FAR 135)	ONon-US, Commercial	O Mail Contract Only				
☐On-Demand Air Taxi (FAR 135) ☐Commercial Air Tour (FAR 136)	O Non-US, Non-commercial	Durana SEE AS EA DOLLON 100 100				
□ 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 O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (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 OPersonal				
		O Executive/Corporate O Positioning O External Load O Skydiving				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes ⊙ No	O Yes ⊙ No					
(.23) (.25)		proach, landing, takeoff, departure, or within 3 miles of an airport)				
AIRPORT INFORMATION (Fill in		proach, landing, takeoff, departure, or within 3 miles of an airport) Distance From Airport Center: N/A				
(.23) (.25)		Distance From Airport Center: N/Asm				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West	if accident/incident occurred on app	Distance From Airport Center: N/A sm Direction From Airport: 190 degrees true				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167	if accident/incident occurred on app	Distance From Airport Center: N/Asm				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information	if accident/incident occurred on application of the properties of	Distance From Airport Center: N/A sm Direction From Airport: 190 degrees true Airport Elevation: 584' ft. msl Condition of Runway/Landing Surface (Check all that apply)				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28	p On Airport/Airstrip ON/A ft Width: 60 ft	Distance From Airport Center: N/A sm Direction From Airport: 190 degrees true Airport Elevation: 584' ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that the	p On Airport/Airstrip ON/A the Width: 60 ft	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) DrySnow-CompactedWater-Calm HolesSnow-CrustedWater-Choppy				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Asphalt Grass/Turf Macc	p • On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Asphalt Grass/Turf Macc	p • On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) DrySnow-CompactedWater-Calm HolesSnow-CrustedWater-Choppy				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Asphalt Grass/Turf Mac Concrete Gravel Meta	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry				
Airport Name: Cincinnati West Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Concrete Gravel Mete Snow	p On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all all all all all all all all all a	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all all all all all all all all all a	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all all all all all all all all all a	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all all all all all all all all all a	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190degrees true Airport Elevation: 584'ft. msl Condition of Runway/Landing Surface (Check all that apply) Dry				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: O Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Concrete Gravel Meta Snow Approach/Departure Segment (Select one OTaxi Oten OTaxi Oten OTakeoff Olnitial Climb IFR Approach (Check all that apply) None ADF/NDB PAR	p On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam	Distance From Airport Center: N/Asm Direction From Airport: 190				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all Concrete Gravel Meta Snow) Dirt Gravel Meta Snow Approach/Departure Segment (Select one OTaxi OVFR Departure OTakeoff OInitial Climb IFR Approach (Check all that apply) None	p On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam Water Il/Wood Unknown OOn Instrument Ap Cedure/Clearance OLanding	Distance From Airport Center: N/Asm Direction From Airport: 190				
AIRPORT INFORMATION (Fill in Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all and all an	p On Airport/Airstrip ON/A OB ft Width: 60 ft apply) adam Water al/Wood Unknown OOn Instrument Ap Cedure/Clearance OLanding ON/A	Distance From Airport Center: N/Asm Direction From Airport: 190				
Airport Name: Cincinnati West Airport Identifier: 167 Proximity to Airport: Off Airport/Airstri Runway Information Runway ID: 1 (L/R/C) Length: 28 Runway/Landing Surface (Check all that all all all all all all all all all a	p On Airport/Airstrip ON/A O8 ft Width: 60 ft apply) adam Water al/Wood Unknown OOn Instrument Ap Cedure/Clearance OLanding MLS Practice LDA GPS ASR	Distance From Airport Center: N/Asm Direction From Airport: 190				

"FLIGHT CREWMEM	BER 1" INF	FORMATI	ION									
"Flight Crewmember 1" Re	sponsibilities a				cident							
O Pilot O Co-Pilot	O Student Pilot			or C	Check I	Pilot	O Fligh	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" wa		☑Yes □	No									
"Flight Crewmember 1" Ide	entification											
First Name: Michael Mathis						C	ity of Re	esidence: A	urora			
Middle Initial: A						S	tate: IN			ZIP: 47001		
Last Name: Mathis						C	ountry:	United Sta	ites			
Age at time of	Accident/Incid	ent: <u>47</u>	_ D	ate of E	Birth:			n	ım/dd/yyyy			-
			Certifica	ate Num	nber:							
Degree of Injury	Seat Occup	pied				Rest	raint Ty	ype			Inflatable l	Restraints
O None O Fatal	O Left	O Front	0) Unknov	wn		vailable	e	Used		,	
O Minor O Unknown O Serious	Right Center	O Rear O Single					O None		ONone		✓ Not Ins	stalled
Pilot Certificate(s) (Check al.		O single					O Lap o		O Lap onl	-	☐ Installe	
□ None □ Flight I		Commercial	_	US M	ilitary		O 3-poir O 4-poir		○ 3-point ○ 4-point		☐ Not De ☐ Deploy	
☐ Private ☐ Recreat	tional	Airline Transp	port [Foreig			O 5-poir		O 5-point		Unkno	
☐ Student ☐ Sport		Flight Engine	er				O Unkn	own	OUnknow	wn		
Principal Occupation N	Medical Certifi	cate				Med	ical Cer	tificate Va	lidity		Date of La	st Medical
	O None	OClass 3						nitations/wai		Inknown	Date of La.	st Micuicai
	Class 1	O Driver's Lic	ense (Sp	ort Pilot	only)	ŌW	ith limita	tions/waiver			06/13/20	
		Unknown				Osp	pecial Issu	iance			mm/dd/y	<i>אי</i> אי
Medical Certificate Limitati	ions										,	
Medical Certificate Special	Issuance											
medical certificate special	issualice											
Date of Last Flight Review		Fligh	4 Danis	A :								
or Equivalent, Including				ew Airc	eratt							
FAR 121/135 Checks:	-3/07/2019		Airbu									
	mm/dd/yyyy		A320	,								
Airplane Rating(s) (Check all that apply)	Other Aircra				ent Rat	0.,			r Rating(s)			
□ None	□ None	арріу)	,		l that app	oly)	- 1	(Check all	that apply)	_		
☑ Single-Engine Land	Airship			☐ None ☑ Airpla	ne	□ None □ Instrument Airplane □ Airplane Single-Engine □ Instrument Helicopte						
☐ Single-Engine Sea	Balloon		[Helico	pter			☑ Airplan	e Multi-Engi		Helicopter	riencoptei
✓ Multiengine Land Multiengine Sea	☐ Glider ☐ Gyroplane			Power		☐ Gyroplane ☐ Glider						
i Multiengine Sea	☐ Helicopter						- 1	☐ Powere	d Lift		Sport	
	☐ Powered Lif	ì					- 1					
Type Ratings								Student E	Endorsemen	nts (Include	dates)	
							- 1					
							1					
							- 1					
	_			-1				_				
Flight Time (Enter appropriate		This Make		plane ngle	Airpla	ine		Inst	rument			Lighter
number of hours in each box)	Aircraft	& Model	Eng	gine	Multier	_	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)	14898	786 783		1038		3860	481	_	146			
Time as Instructor	421	336		967		5053	145		25		-	
This Make/Model	421	336		285		36	70		45			
Last 90 Days	47	47		47		0	13	6 60 7 0	10			
Last 30 Days	7	7		7		0		3 0	0		-	-
Last 24 Hours	2	2		2		0		2 0	0		-	
	_	_	1	~	ı	٠,١		-1 "		ı	1	

"FLIGHT CREWMEMB	ER 2" INF	ORMATIC	ON							
"Flight Crewmember 2" Resp	oonsibilities at O Student Pilot	the Time of OFlight I		ident Check Pilot	OFligh	t Engineer	OOther F	light Crew		
"Flight Crewmember 2" was	pilot flying	☐ Yes 🗸]No							
"Flight Crewmember 2" Iden	tification									
First Name: Caleb				Ci	ty of Resi	dence: Aur	ora			
Middle Initial: R					ate: IN			P: 47001		
Last Name: Mathis						Jnited State				
Age at time of A	ccident/Incider	ıt· 19	Date of Bi		ountryc		/dd/yyyy			
l sign an anno or year			rtificate Numb				,,,,,			
Degree of Injury	Seat Occup		rtificate (vuiit	_	traint Tv	ne .			Inflatable F	Dactrainte
O None O Fatal O Minor O Unknown O Serious O Kept O Front O Unknown O Right O Rear O Center O Single					Restraint Type Available O None O Lap only D Lap only Inflatable Rest Inflatable Rest				talled	
Pilot Certificate(s) (Check all to Check al	structor	Commercial Airline Transp Flight Enginee			O 3-poin O 4-poin O 5-poin O Unkno	t t	O 3-point O 4-point O 5-point O Unknow		□ Not Deploye	ployed ed
Principal Occupation Me	edical Certific	ate		Med	lical Cer	ificate Val	idity		Date of Las	t Medical
O Pilot O Other	None Class 1 C	Class 3	ense (Sport Pilot	only)	Vithout lim	itations/waiv ions/waivers	ers O U	nknown /A	11/11/20° mm/dd/yy	17_
Medical Certificate Special Is	suance									
Date of Last Flight Review		Flight	t Review Airc							
or Equivalent, Including				rait						
FAR 121/135 Checks:	06/03/2019		Cessna							_
41.1. 7.4.4	mm/dd/yyyy	Model								
	Other Aircraf (Check all that a	017		ent Rating(s) that apply)		Instructor				
	□ None	pp·y)		inai appiy)	ppply) (Check all that apply) ☑ None ☐ Instrument Airplane					
☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Engine Land Airship Airplane Airplane Single-Engine Engine Sea Balloon Helicopter Airplane Multi-Engine gine Land Glider Powered Lift Gyroplane					e 🗆	Instrument H Helicopter Glider Sport			
Type Ratings						Student En	dorsement	s (Include	dates)	
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instr Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	147	126	147	0	16	3	20			
Pilot in Command (PIC)	50	40	50	0	17	7 0	17			
Time as Instructor	0	0	0	. 0		0	0			
This Make/Model					14	_	10			
Last 90 Days	25	16		0	_	3 0	10		1	
Last 30 Days Last 24 Hours	5 2	2		0	+	0	3		+	-
Last 24 Flouis		2		ı o	1	ין י	1	ı	1	1

ADDITIONAL FLI	GHI CREWMEN	IBERS (E	xclusiv	e of cabin cr	ew, complete	e the followin	g information)	Partie to the	
Crew Name and Add	ress						Seat Occupie	d	Injury
First Name:		City o	of Resider	nce:			O Left	OFront	O None
Middle Initial:		State:			ZIP:		O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Count	try:			-		OUnknown	O Fatal O Unknown
Pilot Certificate(s) (C	heck all that apply)						Restraint Ty	- 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Inflatable
None	Flight Instructor	Comr			Military		Available O None	Used O None	Restraints
☐ Private ☐ Student	Recreational Sport		ne Transp nt Enginee		reign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
- Student	— зроге	- Triigii	it Enginee	CI			O3-point O4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endorse	ement for	1	Total F	light Time a	t the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incident Ai	rcraft?	□ No	of this A	Accident/Inc	ident:	hrs	OUnknown	O Unknown	- Chkilowii
Crew Name and Add	ress					OHO SECTION OF	Seat Occupie	d	Injury
First Name:		City o	of Resider	nce:			OLeft	OFront	ONone
Middle Initial:					ZIP:		OCenter ORight	O Rear O Single	O Minor O Serious
Last Name:		Count	try:				Okigiii	OUnknown	O Fatal
			10 77						O Unknown
Pilot Certificate(s) (C							Restraint Ty Available	pe: Used	Inflatable
☐ None ☐ Private	☐ Flight Instructor	Comr			Military		O None	O None	Restraints
Student	☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Sport ☐ Flight Engineer					O Lap Only	O Lap Only	☐ Not Installed ☐ Installed	
						O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed	
Type Rating/Endorsement for Total Flight Time at the Time						O 5-point	O 5-point	☐ Deployed ☐ Unknown	
Accident/Incident Air			of this A	ccident/Inci	dent:	hrs	OUnknown	O Unknown	☐ Unknown
		AINIE! "	BOOK ALL BOOK	- Commission of the	The second secon		a second a second as a		The second secon
PASSENGER(S) /	OTHER PERSO	NNEL (In	clude c	abin crew; c	ontinue on s	eparate shee	t if necessary)	I-O-table	
Name and Address	OTHER PERSO	NNEL (In	iclude c	abin crew; c	ontinue on s Injury	Restraint T	уре	Inflatable Restraints	Age
		V		Seat	Injury	Restraint T	ype Used	Restraints	
Name and Address	City :	V		Seat OLeft	100 00	Restraint T Available ONone OLap Only	Used O None O Lap Only	Restraints Not Installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City :	ZIP:		Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only	Used O None O Lap Only	Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial:	City :	ZIP:		Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew	City:State:Country:	ZIP:	er	OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City:	ZIP:	er	Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City: State:	ZIP:	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City: State: Country: OPassenger City: State:	ZIP:	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point	Not Installed Installed Deployed Unknown Not Installed I	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: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight 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	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Used Used Used Used Used Used	Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Not 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:	City: State: Country: OPassenger City: State: Country: OPassenger City: Country: Country: Country:	ZIP:	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OUnknown OUnknown	ONone OMinor 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	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Used ONone Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone	Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Unknown Not Installed Not Deployed Unknown Not Installed Not	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:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State:	ZIP:	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Counter ORight OUnknown Counter OUnknown Counter OCenter	ONone OMinor 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 O3-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown 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
Name and Address First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State:	ZIP:	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor 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 O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point	Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not 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, O Child Restraint O Lap-Held O Unknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State:	ZIP:	er er	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor 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 O3-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O5-point O4-point O5-point	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed 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 O Unknown Under 5 years
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: OPassenger City: OPassenger	ZIP:O Other	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor 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 O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used Used	Not Installed Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Installed Deployed Unknown 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, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country:	ZIP:O Other	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor 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 OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed 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, O Child Restraint O Lap-Held O Unknown
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Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: State:	ZIP: O Other ZIP: O Other ZIP:	er er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	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 OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point	Restraints Not Installed Installed Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed	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 Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY I	NFORMATIO	N			of the state and		
Last Departure Point Airport ID: KLUK City: Cincinnati State: Ohio Country: United States Type of ATC Clearance/Serv None VFR Airspace where the accident Class A Class B Class C Class D Class E	Time Time Time Time Time Time Time Time	apply) General Content of the con	Airport ID: City: Harri State: OH Country: U ecial IFR (R On Top apphy) Iitary Operations (port Advisory At Training Area SA R 93	Inited States Area (MOA) Trea	□ VFR Flight Folk □ Traffic Advisory □ Special □ Air Traffic Contr □ Unknown	O None O Company O Military O VFR Activated? owing y	
Source of Pilot Weather Info (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service On-Board Weather Basic Conditions	☐ Com ☐ Milit ☐ Intern ☐ None	tary rnet e	ion	Facility ID: 16 Observation T Time Zone: E Distance from	ime: 1900		
● VMC O IMC O Unknown		ODawn ODay	ODusk ONight		k Night OUn ght Night	nknown	
O Few C	Thin Broken Thin Overcast Unknown	Ceiling None (Clear) Broken Overcast Ceiling Heigh	0	Obscured Indefinite Unknown)(C	(C) or(F) C) or(F) in. Hg MB
Wind Direction □ Variable -or- Direction: 290 degrees true Intensity of Precipitation ○ Light ○ Moderate ○ Heavy ② N/A ○ Unknown	Wind Speed Calm Light and Varia -or- Speed: 10 Type of Precipita None Rain Snow Hail Rain Showers	kts	☐ Freezing ☐ Snow S ts ☐ Ice Pelle ☐ Freezing	kts g Rain Shower lets Shower	RVV Density Altitud	Visibility (C	feetmilesftft Check all that apply)
Icing Forecast Amount O None O N/A O Trace O Light O Moderate O Severe O Unknown Type O N/A O Rime O Clear O Mixed O Unknown	n	Icing Actual Amount O None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixe O Unkn	r ed	Turbulence Type (Check as None Clear Air Terrain-Indu	uced	Severity [] Light [] Moderate [] Severe [] Extreme
NOTAMs (D and FDC), A	IRMETs, SIGM	IETs, PIREPS	s in effect at	the time of t	he accident/incid	dent:	

ircraft Da	mage	Aircraft Fire		Aircraft Explosio	on .
None Minor	SubstantialDestroyedUnknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Tim O Unknown
scription	of Damage to Aircra	aft and Other Property	y (Use additional sheet if necessary)		
craft- Dei board tire	nt in midpoint of Left e scuff marks, left B	t Leading edge, Dent rake Rotor scrape ma	and torn skin in outboard section arks. Skuff/Abrasions on empen	n of Left Leading Edg nage just forward of a	e, Left inboard and Right and on the tail tie down. Sku
DDATI	/E HISTORY OF	FUCUT O			OT SECTION SON A PROPERTY.
		FLIGHT (Please type	ling circumstances leading to and	nature of accident/inc	ident Describe terrain and in
reckage d	stribution sketch if pe	ertinent. Attach extra sh	neets if needed. State departure time	and and location, serv	ices obtained, and intended
estination.	Provide as much deta	il as possible.			
	3.23				
		*			
	**				
					927

RECOMMENDATION (How could	d this accident/incident hav	e been prevented?	(*)		
Operator/Owner Safety Recommendat	ion				
None					
4:					
				1 2	
	8				
*					
MECHANICAL MALFUNCT	ION/EAU LIDE				The Day of the State of the Sta
Treated to the second of the s		space is needed, c	ontinue on sepa	rate sheet)	T. IT.
Was there Mechanical Malfunction/ (If yes, list the name of the part, manufactur	rer, part no., serial no., and desc	THE CONTRACTOR SUPPLEMENTS			Total Time/Cycles On Part
After a simulated engine out and p	ushing the throttle back in	the engine stoppe	d producing pov	ver.	3186.8 Hours
					1722.3 SMQ Cycles
					Time Since This Part
					Inspected/Overhauled
					34.9 Hours
					Tiouis
FUEL & SERVICES INFORM	MATION		在 1000年 1000年 1000		w as a way of the same of the
Fuel on Board at Last Takeoff	Fuel Type		2 1 J.	SHEET SELECTION OF THE	HAND OF THE PARTY OF THE PARTY.
(Convert from pounds, as necessary)	O 80/87	O 115/145	O Jet B	Other, specify 100	DLL/AutoFuel 89 OCT
36 Gallo	O 100 Low Lead	O Jet A	O JP8		7
Other Services, if Any, Prior to Depa	O 100/130	O Jet A-1	O Automotive		
added 1/2 quart of oil	arture				
0.50					
EVACUATION OF AIRCRA					
Was an emergency evacuation of the	e aircraft performed?	□ Yes ☑ No			
Method of Exit - Describe how the or	ccupants exited and how man	y occupants evacua	ted each location	8	
Normal Use of both doors					
*					
			謝		
OTHER AIRCRAFT - COLL	ISION (If air or around a	ollicion occumed	omplete this a	tion for other size of	
					age to Other Aircraft
1.00	nufacturer:			200	estroyed Minor
	del:			D St	ibstantial None
Registered Owner of Other Aircraft		Pilot o	f Other Aircraft		
Name:		Name:			
City: ZIP:		City: _		7ID-	
Country:			y:	_ZIP:	

		ON (Please type or print in ink)		
Use this space if additional	al space	is needed for any answers.		
×				
				. 22
				*
I HEREBY CERTIFY TH	IT TA	HE ABOVE INFORMATION IS COMPLI	ETE AND ACCURATE TO THE BE	ST OF MY KNOWLEDGE
Date of this Report Na	me of	Pilot/Operator:		
Sig	gnature	e:		
mm/dd/vyyy		Check here to electronically sign this		
If a Person Other than P	ilot/Op	erator is Filing Report		
			Title	
		electronically sign this document		
o. Delico	it			
NTCD A	THE CASE	FOR NTSB		
NTSB Accident/Incident CEN20LA043	No.	Reviewed by NTSB Regional Office Central Region	Name of Investigator T. Sorensen	Date Report Received 07 January 2020