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

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

BASI	C INFORMA	TION											
Accide	nt/Incident Loc	ation					Accident/Incident Date/Time						
Nearest City/Place: New Braunfels State: TX				X	Date:	10/3	31/2019	Lo	cal Time	1700			
ZIP: 78130 Country: Guadalupe					2	mm/de		20					
Latitude	29-46'30"		Longitude: 97-5	8'40"						Ti	me Zone:	Central	
	(Enter in decima	al degrees or a	degrees:minutes:sec	conds)			Colli	ision with	Other Air	eraft: C	Midair	On-ground	d <b>O</b> None
AIRC	RAFT INFO	RMATIO	N						NE LE SO				
Registration Number: N850BK								ped and Ce					
Manufacturer: Beechcraft					2.00	] Commerci ] Unmanned	al Space Fli I Aircraft	ght					
Model:	BE-20						Max	ximum Gr	oss Weigh	t: 12,50	0	lbs	
Serial l	Number: BB89	6											lbs
Year o	f Manufacture:	1981										ew Seats: 2	
Amate	ur-Built: OYes		O Kit/Plans Ma	ke:			Cabi	n Crew Seat	s:		Passenge	r Seats: 7	
	⊙No	(	Original Design				Nun	nber of En	igines: 2				
	ory of Aircraft		irworthiness Ce	rtificate		Landing Ge		2 19			e Type (Se		
O Airpl		(Check all t				(Check all tha					Reciprocating OLiquid Roc		
	p/Dirigible	☑ Norma		ted		Carlo Maria and Carlo	Retractable			O Turb	oo Shaft	The state of the s	d Rocket
OGlide		Aerob	And the second s	NATION OF THE PROPERTY OF THE			OTurbo		o Jet	ONone			
O Gyro O Helio		☐ Balloo	THE RESERVE TO SERVE THE PARTY OF THE PARTY			Amphibia			igh Skid	O Turbo Fan O Electric		O Unkno	own
	ered Lift	Transp				☐ Emergenc	y rioa	at SI		OElec	tric		
ORock		☐ Utility	The second secon	I Light-Sport Hull			Ski/Wheel Fuel Sy			System Type (Reciprocating)		g)	
O Ultra O Unkr				imental Light-Sport			ınch/R	ecovery Sys	tem		buretor OFuel-Injected		
Certificate of Authorization or Waiver (COA)				☐ None			nknown				,		
							Т	Date	Rated Pow		Total	Time S	Since:
Engine	Engine Manufa	cturer	Engine Model/Series	Manufacturer's Serial Number				of Mfg.	O Horsep O lbs of 7		Time		Overhaul
Eng. 1	P&W	cturer	PT6-42		Serial	vumber	- "	mm/dd/yyyy	850	nrust	(hours)	(hours)	(hours)
Eng. 2	P&W		PT6-42						850				
Eng. 3													
Eng. 4													
Last I	spection Type			Propelle	er 1	OFixed P		Pitch	Prope	ller 2		Fixed Pitch	itah
<b>O</b> 100-H		inuous Airwo					l Adjustable				<ul><li>Controllable Pitch</li><li>Ground Adjustable</li></ul>		
O AAIP O Annu		ditional Inspec	ction	Manufacturer:			Manufacturer:						
				Model: _					Mode	l:			
Date L	ast Inspection:	mm/dd/yy	vvv	ELT In	stalled:	⊙Yes O	No		Additio	nal Equ	ipment (	Check all that	apply)
Airfran	ne Total Time:		hrs	If Yes:			□ADS-B						
hou	rs measured at (Se	elect one)				er:					chute ck Indicato	r	
OI	ast Inspection	O Time of A	ccident/Incident	Model or			)C01a	(121 5 MH	Ante		on marcuro	•	
Type of Maintenance Program (Select one)  TSO No.: OC91 (121.5 MHz) OC126 (406 MHz)					)C91a	(121.5 MITI2	Data	Recorde		Handheld Dev			
O Annual Was FI T still mounted in size				unted in aircra	f+2 G	OVec ONe	- T1		ltifunction		ice		
Conditional (Amateur-built only)							Elec	tronic Pri	mary Fligh				
O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP)  O Other Approved Inspection Program (AAIP)				? OYes On	No			dheld GPS ds Up Dis					
O Conti	nuous Airworthine			If activa					☑ Onb	oard Wea			
	r, specify:	202 - No. 27 - NO.				ocating Aircraf	ft: O	Yes ONo	Sate	llite Track	king Device	e	
Descrip	otion of Fire Ex	tinguishing	System	If not ac						Warning Record	System ing Device		
O Spec				mulcate	Reason:	☐ Impact Dar	mage			r, Specify			
						☐ Battery Exp		Damaged		so tenti di			
						Unknown							

OWNER/OPERATOR INFORMA	TION	
Registered Aircraft Owner		City:
Name: RPM Consulting LLC		State: ZIP:
Fractional Ownership Aircraft: O Yes O	No	Country:
Operator of Aircraft	gistered Owner	☐ Same Address as Registered Owner
Name:		City:
Doing Business As:		
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	The state of the section of the sect
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135) □On-Demand Air Taxi (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	R 431 Non-Scheduled or Air Taxi International
Commercial Air Tour (FAR 136)  Agricultural Aircraft (FAR 137)  Pilot School (FAR 141)  Certificate of Authorization or Waiver (COA)  Commercial Space Transportation  Experimental Permit  Commercial Space Transportation License  Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137  (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Business O Executive/Corporate  O Select one)  O Unknown O Unknown O Glider Tow O Glider Tow O Other Work Use O Personal O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving
O Yes O No	O Yes O No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	approach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: New Braunfels Airport Identifier: KBAZ Proximity to Airport: O Off Airport/Airstrip		
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 17 (L/R/C) Length: 53  Runway/Landing Surface (Check all that at a	dam Water	
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proce	edure/Clearance OOn Instrument App	Approach OBase OFinal OCrosswind OCrosswind ODownwind OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
None		□None
□ 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	☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown
	Unknown	Unknown

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident  ⊙ Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" wa	s pilot flying	☑Yes □ N	0								
"Flight Crewmember 1" Ide First Name: Todd	entification				Gir CD						
as lower was as surfaces to					City of Re	sidence: P	ort Orange				
Middle Initial: L					State: FL			ZIP: 32128	3		
Last Name: Unruh				s	Country:	Volusia					
Age at time of	Accident/Incide		Date of B ertificate Num			m	m/dd/yyyy				
Degree of Injury	Seat Occum	91.70	itilicate Ivuli		Postuaint Tu	· · · ·					
O None O Fatal O Minor O Unknown O Serious	O Left O Front O Unknown O Rear O Single O None O None					Inflatable I  ☑ Not Ins ☐ Installe	talled				
Pilot Certificate(s) (Check al	that apply)				O Lap or	nt	O Lap onl	y	Not De	ployed	
None       ☐ Flight I         ☑ Private       ☐ Recrea         ☐ Student       ☐ Sport	ional 🖸	Commercial Airline Transpo Flight Engineer			O 4-poin O 5-poin O Unkno	nt	O 4-point O 5-point O Unknov	vn	☐ Deploy ☐ Unknow		
Principal Occupation	Medical Certific	cate		N	Aedical Cer	tificate Va	lidity		Date of Las	st Medical	
O Other	Class 1	Class 3 Driver's Licen Unknown	nse (Sport Pilot	only)	Without lim With limitat Special Issu	tions/waiver		nknown //A	10/11/20 mm/dd/y		
Medical Certificate Limitat	ons										
Must have available glasses for near vision											
Medical Certificate Special	Issuance										
Date of Last Flight Review		Flight	Review Airc	eraft							
or Equivalent, Including	44/40/0040		Beechcraft								
FAR 121/135 Checks:	11/10/2018 mm/dd/yyyy		BE-20								
Airplane Rating(s)	Other Aircraf			ent Rating	(e)	Instructor	r Rating(s)				
(Check all that apply)	(Check all that a			l that apply)		(Check all	-				
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	□ None □ Airship □ Balloon □ Glider □ Gyroplane □ Helicopter		□ None □ Airpla □ Helico □ Power	pter				ne E	Instrument		
	☐ Powered Lift	8									
Type Ratings						Student E	endorsemen	nts (Include	dates)		
Flight Time (Enter appropriate	(2,770)	This Make	Airplane Single	Airplane		W	rument	222 W S240	2000	Lighter	
number of hours in each box)	Aircraft	& Model	Engine	Multiengin	ne Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time  Pilot in Command (PIC)	8,500 6,000	7,000									
Pilot in Command (PIC) Time as Instructor	0,000	7,000									
This Make/Model					500	300	100				
Last 90 Days	40	40			500	555	,,,,				
Last 30 Days	15	15									
Last 24 Hours	0	0									

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" was pilot flying Yes No										
"Flight Crewmember 2" l	dentification					1				
First Name: N/A City of Residence:										
Middle Initial:										
Last Name:										
	of Accident/Incident:					-				
Age at time t	of Accident/Incident:	1000		)		mm	vaa/yyyy			
Dagras of Injury	Seat Occupied	Certii	ficate Numb			,				
O None O Fatal	Seat Occupied OLeft	OFront	OUnknow		Restraint T	ype			Inflatable R	estraints
O Minor O Unknown O Serious	O Right (	ORear OSingle	Chknow	11					□ Not Inst	
Pilot Certificate(s) (Check	all that apply)				O 3-po	- 100	O 3-point	y	□ Not Dep	
_ 0	nt Instructor		☐ US Mil		O 4-po		O 4-point		Deploye	
☐ Private ☐ Recr☐ Student ☐ Spor		ne Transport t Engineer	☐ Foreign	1	O 5-po O Unki		O 5-point O Unknow	vn	Unknow	'n
Principal Occupation	Medical Certificate			N	Aedical Ce	rtificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Clas					mitations/waiv	-	nknown		
O Other			e (Sport Pilot			ations/waivers	ON	/A	mm/dd/vy	
O Unknown  Medical Certificate Limit	O Class 2 O Unk	cnown			Special Iss	suance			mm/aa/yy	уу
Medical Certificate Limit	ations									
Medical Certificate Specia	al Issuance									
Service Special	133441100									
Date of Last Flight Review or Equivalent, Including	v	Flight R	eview Airci	raft						
FAR 121/135 Checks:		Make: _								
	mm/dd/yyyy	Model: _								
Airplane Rating(s)	Other Aircraft Ra	0.,		nt Rating		Instructor	Rating(s)			
(Check all that apply)  ☐ None	(Check all that apply)	C.	1 2	that apply)		(Check all th	at apply)	_		
☐ Single-Engine Land	☐ None ☐ Airship		□ None □ Airplan	ie		☐ None ☐ Airplane	Single-Fngir		Instrument A Instrument H	
☐ Single-Engine Sea	Balloon		Helicor	oter		☐ Airplane	Multi-Engine	e 🔲	Helicopter	encopter
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider☐ Gyroplane		Powere	ed Lift		☐ Gyroplan ☐ Powered			Glider Sport	
	☐ Helicopter					- Toweled	Litt		Sport	
Tyme Detines	☐ Powered Lift					C4-1-4E	1			
Type Ratings						Student Er	idorsement	is (Include d	ates)	
Flight Time (Enter appropri	iate All Thi	is Make	Airplane Single	Airplane		Insti	rument			Lighton
number of hours in each box)		Model	Engine	Multiengir		Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	<b>建筑建筑</b>									
Last 90 Days										
Last 30 Days Last 24 Hours					-					
Lust 27 Hours										

ADDITIONAL FLIG	ILL CKEAAIAIEIA	BERS (	Exclusiv	e of cabin cr	ew, complete	the followin	g information)			
Crew Name and Addr	ess						Seat Occupie	Seat Occupied		
First Name: N/A		City	of Reside	ence:			O Left O Center	O Front O Rear	ONone	
Middle Initial:		State	State: ZIP:					O Single	O Minor O Serious	
Last Name:		Cou	intry:			O Right	OUnknown	O Fatal O Unknown		
Pilot Cartificato(s) (C)	and all that and by	Destroint Tw								
Pilot Certificate(s) (Check all that apply)						Restraint Ty Available	Inflatable Restraints			
□ None □ Private	☐ Flight Instructor ☐ Recreational		☐ Commercial ☐ US Military ☐ Airline Transport ☐ Foreign ☐ Flight Engineer					O None	□ Not Installed	
☐ Student	Sport							O Lap Only O 3-point	Installed Installed	
Type Rating/Endorser	nant for	Total Flight Time at the Time					O 4-point O 5-point	☐ Not Deployed ☐ Deployed		
Accident/Incident Air		□ No		Accident/Inc		hea	O Unknown	O 5-point O Unknown	Unknown	
Treatment Includent Air	crait. 🗖 res	LI NO	or this i	Accident/inc		nrs				
Crew Name and Addr	ess						Seat Occupie	ed	Injury	
First Name:		City	of Reside	nce:			OLeft	OFront	O None	
Middle Initial:		State	e:		ZIP:		O Center O Right	O Rear O Single	O Minor O Serious O Fatal	
Last Name:		Cou	ntry:			_		OUnknown		
Pilot Cartificate(s) (Cl	T 11 1 . T V						Destroint To		O Unknown	
Pilot Certificate(s) (Ch	Flight Instructor	□ Con	nmercial		Military		Restraint Ty Available	Used O None	Inflatable Restraints	
☐ Private	Recreational		line Transp				O None O Lap Only	□ Not Installed		
☐ Student	☐ Student ☐ Sport ☐ Flight Engineer						O 3-point	■ Installed		
Type Rating/Endorser	nent for		Total F	light Time a	t the Time		O 4-point	☐ Not Deployed ☐ Deployed		
Accident/Incident Aircraft?						O 5-point O Unknown	O Unknown O Unknown			
DASSENGEDIS) /	THEP PERSO	NINITEL								
PASSENGER(S) /	JIHER PERSU	NNEL (	include o	abin crew; c	ontinue on s	eparate shee	t if necessary)			
Name and Address	OTHER PERSO	NNEL (	Include o	Seat	Injury	Restraint T		Inflatable Restraints	Age	
Name and Address				Seat	Injury	Restraint T	ype Used	The state of the state of		
	City :			Seat OLeft	Injury	Restraint T  Available ONone OLap Only	ype	Restraints  Not Installed	Age Under 5 years	
Name and Address First Name:	City : State:	ZIP:		Seat  OLeft OCenter ORight	O None O Minor O Serious	Restraint T  Available ONone OLap Only O3-point	Vsed 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	Injury ONone OMinor	Restraint T  Available ONone OLap Only O3-point O4-point O5-point	Used O None C Lap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed	Under 5 years  If Under 5,  O Child Restraint	
Name and Address  First Name:  Middle Initial:	City : State:	ZIP:		Seat  OLeft OCenter ORight	O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Vsed O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Not Deployed Deployed	☐ Under 5 years  If Under 5,	
Name and Address  First Name:  Middle Initial:  Last Name:	City: State: Country: OPassenger	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available	Used O None O Lap 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:  OCrew	City: State: Country: OPassenger City:	ZIP:	ther	Seat  OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints  Not Installed Installed Not Deployed Deployed	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:	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Installed Not Deployed Deployed Unknown  Not 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:	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O None O Lap 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  Not Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	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 O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used	Restraints  Not Installed Installed Not 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 O Lap-Held	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name:	City : State: Country: OPassenger City : State: Country: OPassenger City : City	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	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	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  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	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State:	ZIP:Ott	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft 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 O4-point O5-point OUnknown  Available ONone OLap Only O3-point O1-point O3-point O1-point O3-point O1-point O1-point O1-point O1-point O1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not 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	
Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: Country:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal O Unknown	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 O4-point O5-point OUnknown  Available ONone OLap Only Olap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5 years  If Under 5 years	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: State: State: State:	ZIP:Ott	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft 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 O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not 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	
Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	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 O4-point O5-point OUnknown  Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O Unknown  Used Used	Not Installed   Installed   Deployed   Unknown   Not Installed   Not Deployed   Unknown   Not Installed   Deployed   Unknown   Not Installed   Deployed   Unknown   Not Installed   Installed   Deployed   Unknown   Unknown   Not Installed   Unknown   Unknown   Unknown   Not Installed   Unknown   Unknown   Not Installed   Unknown   Unknown   Not Installed   Unknown   Not Installed   Unknown   Not Installed   Unknown   Unknown   Not Installed   Unknown   Not 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 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: Country: Country: Country: Country:	ZIP:Oth	her	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal O Unknown	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 O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 1-point O 1-poi	Not Installed   Installed   Deployed   Unknown   Not Installed   Not Deployed   Unknown   Not Installed   Deployed   Unknown   Not Installed   Installed   Installed   Deployed   Unknown   Not Deployed   Unknown   Not Installed   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	
Name and Address  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: State:	ZIP:	her	Seat  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal 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 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 OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not 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  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: State:	ZIP:	her	Seat  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 O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O1-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 1-point O 1-poi	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not 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 IN	NFORMATION						
Last Departure Point		of Departure	Destination	n		Type Fligh	t Plan Filed
Airport ID: KADS		Airport ID: KBAZ				None	O VFR/IFR
City: Addison	Time:	e: 1600 City: New Braunfels				O Company	
State: TX	Time	Zone: Central	ne: Central State: TX			O Military O VFR	VIIA
Country: Dallas				uadalupe		100000	OYes ONo OUnknown
Type of ATC Clearance/Serv	rice (Check all that a	apply)					
□ None □ □ VFR □	Special VFR IFR	□ Spe	ecial IFR R On Top		<ul><li>□ VFR Flight Follow</li><li>☑ Traffic Advisory</li></ul>		☐ Cruise ☐ Unknown / NA
Class A	☐ Mili	itary Operations port Advisory An Training Area SA		□Special □Air Traffic Conti □Unknown	rol Area	Altitude of In-Flight Occurrence: 2000 ft msl	
WEATHER INFORMA		ACCIDEN	T/INCIDEN				
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	☐ Com ☐ Milit ☐ Inter	ary net		Facility ID: Observation T Time Zone: Distance from	ime: Accident Site:		nm
Basic Conditions		Light Conditi	on				
O VMC O IMC O Unknown		ODawn ⊙Day	ODusk ONight	The second secon	k Night OUr ght Night	nknown	
O Few O	Thin Broken Thin Overcast Unknown	Ceiling  None (Clear)  Broken  Overcast  Ceiling Heigh	00	Obscured Indefinite Unknown		((	
Wind Direction	Wind Speed		Wind Gusts		Visibility		miles
☐ Variable  -or-  Direction:degrees true	☐ Calm ☐ Light and Varia	ble kts	Not Gustin  -or-  Speed:	ng kts	RVR	: /:de:	feet miles
Intensity of Precipitation	Type of Precipita	ation (Check all t	that apply)		Restriction to	Visibility (	Check all that apply)
O Light O Moderate O Heavy O N/A O Unknown	None Rain Snow Hail Rain Showers	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellet ☐ Snow Grain ☐ Ice Crystals	s Freezin	Shower ets Shower	☑ None ☐ Blowing Do ☐ Blowing Sa ☐ Blowing Sr ☐ Blowing Sp ☐ Dust	ust and anow array	Fog Ground Fog Haze Ice Fog Smoke Unknown
Icing Forecast  Amount  O None  O N/A  O Trace  O Light  O Moderate  O Severe  O Unknown	n	Icing Actual Amount None Trace Light Moderate Severe Unknown	Type O N/A O Rime O Clear O Mixe O Unkr	r ed	Turbulence Type (Check a None Clear Air Terrain-Ind	uced	Severity Light Moderate Severe Extreme
NOTAMs (D and FDC), A	IRMETs, SIGN	IETs, PIREP	s in effect at	the time of t	the accident/inci	dent:	

DAMAGE TO AIRCRAFT AI	ND OTHER PRO	PERTY		
Aircraft Damage  O None O Substantial O Minor O Destroyed O Unknown	Aircraft Fire  None 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 a	nd Other Property	(Use additional sheet if necessary)		
Left front wind shield fully damaged	l.			
NARRATIVE HISTORY OF FLI				A Decite to a land of the land.
Describe what occurred in chronolo wreckage distribution sketch if pertin destination. Provide as much detail a:	ent. Attach extra shee	g circumstances leading to and nates if needed. State departure time an	d and location, service	s obtained, and intended
Inbound from the NE, called tower.	they gave direction	s to land, I replied, powered to id	e, silenced gear hor	n, looked back up, large bird
came down from upper fuselage in	to windshield view r	ight Infront of plane. Bird impacte prarily blinding me. I called tower	d front Left windshie and declared and Er	ld causing glass from inner nergency. Because I could not
see my instruments nor the outside instructed him, (non pilot) to fly the	to keep the plane f	flying safely. I summoned the only	other passenger to	the front right seat and
and guided him to land the plane a	t KBAZ.			

RECOMMENDATION (How could this	accident/incident have b	peen prevented?)	and the same		
Operator/Owner Safety Recommendation					
MECHANICAL MALFUNCTION/I		pace is needed, co	ntinue on separ	ate sheet)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par		e the failure.)			Total Time/Cycles On Part Hours
					Cycles
					Time Since This Part Inspected/Overhauled
					Hours
<b>FUEL &amp; SERVICES INFORMATI</b>	ON				
Fuel on Board at Last Takeoff	Fuel Type				
(Convert from pounds, as necessary)  Gallons	O 100 Low Lead O	) 115/145 ) Jet A ) Jet A-1	O Jet B O JP8 O Automotive	O Other, specify	
Other Services, if Any, Prior to Departure					
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr		Yes No			
Method of Exit – Describe how the occupan	ts exited and how many o	occupants evacuate	d each location		
2 soles, exited the main aft cabin door.					
OTHER AIRCRAFT - COLLISIO	(If air or ground collis	sion occurred, cor	mplete this sect	ion for other aircraf	)
Aircraft Registration Number   Manufact	ırer:				age to Other Aircraft
					estroyed
Registered Owner of Other Aircraft			Other Aircraft		Tione
Name:		Name:			
City:		City:			
State: ZIP:		_ State:		ZIP:	

ADDITIONAL INFO	DRMATIC	N (Please type or print in ink)		
Use this space if addit	ional space	is needed for any answers.		
I HEREBY CERTIFY	THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BEST	OF MY KNOWLEDGE
Date of this Report	Name of l	Pilot/Operator: Todd Unruh		
2/16/2020	Signature			
mm/dd/yyyy	- or -	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/Op	erator is Filing Report		
Name:			Title:	
I				
or 🔲 C	heck here to	electronically sign this document		
		FOR NTSB	USE ONLY	
NTSB Accident/Incid		Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA20CA054		GAA	Eleazar Nepomuceno	2/20/2020