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 INFORM	ATION			5-				accide	into ai	iu ilici	uents	
Accident/Incident Lo		, .					Accident/Inc	ident Date/	Time		THE WORKS	VIII WAY
Nearest City/Place:				State: _	C	a	Date: Z/	122/71	201	and Times	2:00	PM
ZIP:	Country:	45					Date: Z/	dd/yyyy	,	ocal time.	5.00	1//
Latitude: 58.0	3 N	Longitude:/		110	S				Т	ime Zone:	PACIF	10
(Enter in decim	al degrees or	degrees:minutes:s	econds)				Collision wit	h Other Air	rcraft:	O Midair	OOn-grou	ınd P Non
AIRCRAFT INFO	17 (17)								100			
Registration Number	: N 4	162					☐ IFR-Equ	ipped and Co	ertified			
Manufacturer:		-					☐ Commer ☐ Unmann	cial Space Fl	ight			
Model: NUS		AIA					Maximum G	AND THE PROPERTY OF THE PARTY O	. 10	90		- 13
Serial Number:	144.											
Year of Manufacture	:_199	9					Weight at Ti					
Amateur-Built: OYe		O Kit/Plans Ma	ake:				Number of S Cabin Crew Se	eats:			rew Seats:	
No	į.	O Original Design	ı				Number of E			Passenge	r Seats:/	
Category of Aircraft		Airworthiness C	ertificate		Lai	nding Gea				e Type (S	alast ana)	
Airplane OBalloon	(Check all a					eck all that	apply)		Rec	iprocating	OLiqu	id Rocket
OBlimp/Dirigible	Norma	nal Restric	icted	1		Jan 37 33	letractable	200 0 0		bo Shaft		d Rocket
O Glider O Gyroplane	☐ Aerob☐ Balloo		200	- 1		Tricycle		Tailwheel	O Turk		ONone	rid Rocket
OHelicopter	Comm			1	무	Amphibian Emergency		High Skid	O Turk	bo Fan	OUnkr	
O Powered Lift O Rocket	☐ Transp	port Experi	imental	- 1		Float	Float DS	Skid Ski	OElec	tric		
O Ultralight	Utility		al Light-Spo imental Ligl	ort		Hull	1000000	Ski/Wheel	Fuel Sy	stem Type	(Reciprocati	na)
OUnknown	□Certificat	e of Authorization	177	(A) (25 miles)		Other Laun	ch/Recovery Sy	/stem	Carb			Injected
	None		Unknown	(COA)		None		Unknown	50-50-50-50-50-50-50-50-50-50-50-50-50-5		I Samorow u.s.	.000 2 00.0000
		Engine		Manue	24		Date	Rated Pow		Total		Since:
Engine Engine Manufa		Model/Series		Manufa Serial N	Jumb		of Mfg. mm/dd/yyyy	O lbs of 7		Time (hours)	Inspection (hours)	Overhaul
Eng. 1 LYCOM	106	0-360-	AIP	L-365	54:	7-36A	12/12/98	180		1185	1/44	(hours)
Eng. 2 Eng. 3							//	, –		A Set Set	, , ,	
Eng. 4					_							
Last Inspection Type			Propelle	er 1	- (DFixed Pite		Prope	How 2		Fixed Pitch	
	tinuous Airwo	alda ass		MANUAL .		Controllal	ble Pitch	Frope	Her Z		rixed Pitch Controllable I	Pitch
OAAIP OConc	ditional Inspec	etion	Manufac	turer A	17	Ground A	Adjustable OGround Adjustable COFF//ER Manufacturer:					stable
O Annual O Unkı	nown			MTV	- 1	5 - F	2	10000000				-
Date Last Inspection:	6/26/ mm/dd/yy	2019	ELT Ins		● Y	_		Model				on the same
Airframe Total Time:		3 hrs	If Yes:	taneu.		1		Addition		pment (c	Check all that	apply)
hours measured at (Se			ELT Man	nufacture		Artex Airframe Parachute						
O Last Inspection	O Time of A	ccident/Incident		Part No.:		Angle of Attack Indicator ☐ Autopilot						
Type of Maintenance P	rogram (Se	lect one)	TSO No.;	OC91 (1			Hz) OC91a (121.5 MHz) Data Recorder					
Annual			Wee FI T				A . Ov.		ronic Flig	ght Bag or I ltifunction	Handheld Dev	/ice
O Conditional (Amateur-b O Manufacturer's Inspecti			Was ELT	still conr	ntea i	n aircrait?	Yes ONo a? Yes ONo			nary Flight		
O Other Approved Inspect	tion Program ((AAIP)	Did ELT	Activate?		es ONo		□Hand	lheld GPS	3	Memoda teras	
O Continuous Airworthine O Other, specify:	ess		If activat				4	DO-b-	ls Up Disp oard Weat			
		~			cating	d Aircraft:	OYes No	Satell	lite Track	ing Device		
Description of Fire Ext None	inguishing	System	If not act		Пъ	, D.	nover		Warning !	System ng Device		
O Specify:		1	Indicate 1		Fir	pact Damag re Damage	ge		r, Specify:			
		1			□Ba	ttery Expire	ed/Damaged		3 8			
					Uur	known						

OWNER/OPERATOR INFORMA	ATION		BOND OF THE STATE
Registered Aircraft Owner		LIFE A SUIT	City:
Name: WILLIAM	D. JOHNS		State: <u>CA</u> ZIP: 95240
Fractional Ownership Aircraft: O Yes	No		Country: USA
Operator of Aircraft	egistered Owner		Same Address as Registered Owner
Name:			City:
Doing Business As:			State: ZIP:
Air Carrier/Operator Designator (4 Charact			Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conduct	ed Under	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	OFAR 103 OFAR 133 (OFAR 121 OFAR 135 (OFAR 415 OFAR 431 OFAR 435 OFAR 437	O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)		Purpose of Flight for FAR 91, 103, 133, 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	Armed Forces		(Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Firefighting O Unknown O Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning
Revenue Sightseeing Flight O Yes ONo	Air Medical Flight O Yes		O External Load O Skydiving O Ferry
AIRPORT INFORMATION (Fill in	If accident/incident occurred	on approach	ch, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: COLUM	BIA AIRPOS	1	stance From Airport Center:sm
Airport Identifier: 022		CO. C.	
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip	V/A Air	rection From Airport:degrees true rport Elevation:1t. msl
Runway Information		Con	ndition of Runway/Landing Surface (Check all that apply)
Runway ID:	upply) Idam	_ft	Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy ce Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Iush-Covered Vegetation Unknown
Approach/Departure Segment (Select one)			
OTaxi OVFR Departure OTakeoff OIFR Departure Proce	edure/Clearance OOn Instrume	rt Approach	ODownwind OBase OFinal OCrosswind OCrosswind OUnknown
IFR Approach (Check all that apply)		VFR □No	R Approach (Check all that apply)
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknow	Tr Str Va Go	raffic Pattern Stop and Go traight-In Touch and Go salley/Terrain Following Simulated Forced Landing Forced Landing ull Stop Precautionary Landing Unknown

"FLIGHT CREWMEN	MBER 1" INFO	RMATI	ON	A SECTION					The state of	
"Flight Crewmember 1" R	esponsibilities at th	e Time of	f Accident/Inci	ident					A prome to be a like the self-	
Pilot O Co-Pilot	O Student Pilot	O Flight I		Check Pilo	t OFlig	ght Engineer	O Othe	r Flight Crew	,	
"Flight Crewmember 1" w		Yes 🗆 N	No							
"Flight Crewmember 1" Ic							26	1		
First Name:	Illiam				City of R	esidence:	40	di		
Middle Initial:	i.			2.55	State: (- ^		71D. G	524	10
Last Name: Joh	n S				Country:		6	ZII. —	001	
Age at time o	of Accident/Incident:	78	Date of Bi	rth:	Country.	*	mm/dd/yyyy			_
: 53/ 55 (54/0500)(5-imusic care	PART TARANTAN PROPERTY AND PARTY AND ASSESSMENT		ertificate Numb			- "	mmuuyyyy			
Degree of Injury	Seat Occupied		Chineate manie	_	Restraint T					
O None O Fatal	O Left	Front	O Unknow			#C#Usin	22 3		Inflatable	Restraints
Minor O Unknown O Serious	O Right	O Rear	i i		Availabl O None		Used O None		□ Not In	retalled
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Pilot Certificate(s) (Check a			- 110 x 411		O 3-poi		O3-poin O4-poin	5.	□ Not D	
Private Recrea		nmercial line Transpo	☐ US Mili ort ☐ Foreign		● 5-poi		Ø 5-poin	(3)	Unkno	
☐ Student ☐ Sport		tht Engineer			O Unkn	own	OUnkno	0.0		
Principal Occupation	Madical Cartificate			1						
O Pilot	Medical Certificate	BAS	IC ME	2	Iedical Cer		- P. S. C.	047-7-24	Date of La	ast Medical
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O Unknown	O Class 2 O Un	known	noe (oport i ne. o		Special Issu		15 0.	N/A	mm/dd/	עעעע /
Medical Certificate Limitat	tions									
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Mast WEAR	C GLXS>	60		-						
Medical Certificate Special	Issuance									
Date of Last Flight Review or Equivalent, Including		Flight	Review Aircra	aft						
FAR 121/135 Checks:	7/26/19	Make:	DUIAT	1						
	mm/dd/yyyy	Model:	NUSK,	XX	1 A					
Airplane Rating(s)	Other Aircraft Ra		Instrumen	t Rating((s)	Instructo	or Rating(s)			
(Check all that apply)	(Check all that apply,)	(Check all th				that apply)	A)		
☐ None Single-Engine Land	☐ None ☐ Airship		None			None			Instrument	
☐ Single-Engine Sea	☐ Balloon		Airplane Helicopt			☐ Airplan	ne Single-Eng ne Multi-Engi		Instrument Helicopter	Helicopter
☐ Multiengine Land ☐ Multiengine Sea	Glider		Powered			☐ Gyropla	ane		Glider	
iviuitiengine Sea	Gyroplane Helicopter		Products to the about the			☐ Powere			Sport	
	☐ Powered Lift									
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3233 V. E.	T	— т	Airplane			T. Santa				·
Flight Time (Enter appropriate number of hours in each box)	20.5%	s Make	Single	Airplane		Insti	rument			Lighter
Total Time		Model		Multiengine	-	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	3565 72	2.9 2	2465		114	135	136	1100		
Time as Instructor	n n				-					
This Make/Model			15 30 A Cont 10	N BANKSON		-		AMERICAN CONTRACTOR		
Last 90 Days	CONTRACTOR OF THE PARTY OF THE	COLUMN SE	10 美国 31 美国			1				
Dust 20 Dujo	1 17,	4 /1			A					
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Last 30 Days Last 24 Hours	1.	3.6		POTA	CAN	DIN6:	5 25	\$		

"FLIGHT CREWMEMBER 2" INFOR	MATION								
	OFlight Instructor O	dent hæk	Pilot OFli	ght Engineer	OOther	Flight Crew	2017		
"Flight Crewmember 2" was pilot flying Y	es 🔲 No								
"Flight Crewmember 2" Identification									
First Name:		L	City of R	esidence:					
Middle Initial:		1000							
Last Name:									
Age at time of Accident/Incident:		1.		mi					
Tigo at time of Mediatric Incident.	The transfer of the second				maaryyyy				
Degree of Injury Seat Occupied	Certificate Numbe	T:-	Dontunin 4 7	Pour v					
Degree of Injury O None O Fatal O Minor O Unknown O Serious Seat Occupied O Left O Front O Unknown O Right O Rear O Center O Single			Available Used O None O None				□ Not Ins	atable Restraints ☐ Not Installed ☐ Installed	
Pilot Certificate(s) (Check all that apply) □ None	tar;	O 3-point O 3-point				☐ Not Deployed ☐ Deployed ☐ Unknown			
Principal Occupation Medical Certificate			Medical Co	ertificate Va	lidity		Date of Las	st Medical	
O Pilot O None O Clas	TO 100 100 100 100 100 100 100 100 100 10		O Without I	imitations/wai	vers O U	Jnknown			
O Other	er's License (Sport Pilot o	4J2)	O With limit O Special Is	tations/waiver	N/A	mm/dd/yyyy			
Medical Certificate Limitations	nown	+	O Special Is	suance			mmaary	<i>yyy</i>	
Medical Cantiffacts Constitute			SBITTING -		c: (10				
Medical Certificate Special Issuance									
34								4	
Date of Last Flight Review	Flight Review Aircra	aft							
or Equivalent, Including FAR 121/135 Checks:	Make:								
mm/dd/yyyy	Model:								
Airplane Rating(s) Other Aircraft Rat	ing(s) Instrumen	Rat	ing(s)	Instructor	Rating(s)				
(Check all that apply) (Check all that apply) □ None □ None	(Check all to	ha. app	oly)	(Check all th					
☐ None ☐ None ☐ None ☐ Airship	□ None □ Airplane			□ None	Single-Engir		Instrument A Instrument H		
☐ Single-Engine Sea ☐ Balloon	☐ Helicopt	er		Airplane	Multi-Engin		Helicopter	lelicopter	
☐ Multiengine Land ☐ Glider ☐ Multiengine Sea ☐ Gyroplane	☐ Powered	Ln		Gyroplan			Glider		
☐ Helicopter				☐ Powered	LIII	ш	Sport		
Type Ratings		-		Ct. 1 . t P			LOSSERIALI		
Type Ratings				Student Ei	ndorsemen	ts (Include d	ates)		
II									
	Airplane Make Single Model Engine	∡irpl M⊃ltie			rument Simulated	Rotorcraft	Glider	Lighter Than Air	
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Pilot in Command (PIC)									
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Last 90 Days		HASE!	4			In the second second	Salvan Saute S	THE PERSON NAMED IN	
Last 30 Days									

	GHT CREWME	MBERS	(Exclusi	ve of cabin c	rew, complet	te the followir	g information		
Crew Name and Add							Seat Occupi	ed	Injury
First Name: Middle Initial: Last Name:		State:			ZIP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Private Recreational Airline Transport For Student Sport Flight Engineer Type Rating/Endorsement for Total Flight Time at Accident/Incident Aircraft? Yes No of this Accident/Incident			t the Time	hrs	Restraint Ty Available 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
I was a second					200000				
Crew Name and Addr			New year year				Seat Occupi		Injury
Middle Initial:	First Name: City of Residence: Middle Initial: State: Last Name: Country:			ZIP: OCenter ORe			O Front O Rear O Single O Unknown	O None O Minor O Scrious O Fatal O Unknown	
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TAGGER(S) /	OTHER PERSO	NAIAET (Include (. 16		
			incidue (cabin crew; c	ontinue on s	eparate shee	t if necessary)	第一个人工工	
Name and Address		(1	inoloue (Seat	Injury	Restraint T	ype	Inflatable Restraints	Age
				Seat	Injury	Restraint T	ype Used	Restraints	Age
Name and Address	City :					Restraint T Available ONone OLap Only	ype Used O Nonc C Lap Only	Restraints Not Installed	Age Under 5 years
Name and Address First Name:	City : State:	ZIP:		Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	Used O None Lap Only O 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed	☐ Under 5 years
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Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP:	her	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 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 Installed Not Deployed Not D	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,
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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 Row:	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 O4-point O5-point OUnknown Available 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	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed 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
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FLIGHT ITINERARY INFOR	MATION							
Last Departure Point	Time of Departs	ure Dest	tins tion	n		Type Flight	t Plan File	ed
Airport ID: RCPU	2115	OM Airpo	ort ID:	022	<u>_</u>	None	C	O VFR/IFR
City: San Andreas	Time: 2,'45	/ City:	0	lumbia		O Company O Military V	VFR C) ifr
State: Ca	Time Zone: RAC	IEI 4 State:	C	ia .		O Military V O VFR	/FR C	O Unknown
Country: USA	<u> </u>		itry	USD		Carl Manager	OYes C	No OUnknown
Type of ATC Clearance/Service (Che	. T. S.							
ØNone		Special IFR VFR On Top			□ VFR Flight Follo□ Traffic Advisory		☐ Cruise ☐ Unknov	wn / NA
Airspace where the accident/incident				v minaning s			Altitude	of In-Flight
☐ Class A ☐ Class G ☐ Demo Are		Military Opera Airport Advis	aticns A	Area (MOA)	☐ Special ☐ Air Traffic Contr	al Aras	Occurre	1077
☐ Class C ☐ Warning A	Area 🔲	Jet Training A	Arez.		Unknown	OI AICa	On the last	ft msl
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WEATHER INFORMATION			AEN1	FRITE	Barre & custown.	ESSOCIEDA DE		136X4(1115)01040)
Source of Pilot Weather Information		antino.		The second secon	ervation Facility	Tarana and	MATERIAL PROPERTY.	
(Check all that apply)			1 1		er vacion Facinity			
☐ National Weather Service ☐ Flight Service Station	☐ Company ☐ Military				ne:			
☐TV/Radio	☐ Internet							
■ Automated Report □ Commercial Weather Service (DUATS)	☐ None ☐ Unknown				accident Site:			
On-Board Weather	⊔ Uпклоwn				Accident Site:			ne
Basic Conditions	Light Con	dition	-					
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or- Direction: degrees true Speed:	or- Z_kts	Speed:	4	kts			110	
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O Light None			reezing l	Dain	Restriction to V	isibility (Ch ☐ Fo		apply)
O Moderate Rain	☐ Ice Pelle	ets 🗆 Sn	bw Sho	ower	☐ Blowing Dus	st 🔲 Gr	round Fog	
ON/A Hail	☐ Snow Gr		e Fellets	s Shower Drizzle	☐ Blowing San ☐ Blowing Sno			
OUnknown	Showers	tals		Dimerc	☐ Blowing Spr.	ay 🔲 Sn	noke	
Icing Forecast	Taing Actu		-		☐ Dust	Пог	nknown	
Amount Type	Icing Actua	Typ	ne		Turbulence Type (Check all	that apply)	Severi	itv
O N/A O Trace O Rime	O Trace	O1	IN_A		None Clear Air		Ligh	ht
O Light O Clear	O Light		Rime		Terrain-Induc	ced	□Mo	derate ere
O Moderate O Mixed O Severe O Unknown	O Moderat O Severe	te O	Mixed		Convective T		Ext	
O Unknown	O Unknow		Uaknov	wn				
NOTAMs (D and FDC), AIRMET	's SIGMETS, PIRE	Ps in effec	at th	ne time of the	accident/incid	onte		
(2 41112 (2 41112 2 2))	3, 0101111113, 1 1111	A S III CITCO	at the	ie unie oi une	, accident/incid	ent:		

DAMACE TO AIDODAFT A	NO OTHER DE				
DAMAGE TO AIRCRAFT A	Charles and Carrier of the	OPERTY			
Aircraft Damage O None O Substantial	Aircraft Fire	2000 000	es we	Aircraft Explosion	
O None O Substantial O Minor Destroyed	None O In-Flight	O Both Group	nd and In-Flight	None	O Both Ground and In-Flight
O Unknown	O On-Ground	O Fire at Unk O Unknown	nown 11me	O In-Flight O On-Ground	O Explosion at Unknown Time
B		200000000000000000000000000000000000000		O On-Ground	O Unknown
Description of Damage to Aircraft a	nd Other Property	(Use additional	heet if necessary)	CC	1 100 00
Left wing c its Nose and colapsed for e	rushed.	Right	wing To.	rn oft. L	-andewon
it- use = 10	1 Rula	0 10	a mount	s land	in a gear
113 Nose and	Droke	engin	e mount	30291101	7 7
Colapsedfone	bent.				
NARRATIVE HISTORY OF FLI					
Describe what occurred in chronolo	gical order, includir	ng circumstance	s leading to and natu	are of accident/incide	ent. Describe terrain and include
wicckage distribution sketch if pertind	ent. Attach extra she	ets if needed. St	ate departure time and	and location, service	s obtained, and intended
accommendation of the desired account as	possible.	IVAY	TREAM IN	hd)Me 1	1
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RECOMMENDATION (How	could this accident/in	icident have been	p evented?)		
Operator/Owner Safety Recomme	ndation		14	%	
More prac	tice in	Same	condition	WJ.	
, ,					
	A STATE OF THE STA			***************************************	
MECHANICAL MALFUN			is needed, continue on sep	arate sheet)	
Was there Mechanical Malfuncti (If yes, list the name of the part, manufo	ion/Failure? Yes	s No	C. T		Total Time/Cycles
(i) yes, has me name of me part, manys	acturer, part no., serial n	o., and describe me	Ja Iure.)		On Part
					Hours
	9				Cycles
					Time Since This Part
					Inspected/Overhauled
200					Hours
					(HOSTINGO)
FUEL & SERVICES INFO	RMATION				A STATE OF THE STA
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type			rough decents to the second	
77 - 4	O 80/87 ●100 Lov		O JP8	O Other, specify	
	iallons 0 100/130				
Other Services, if Any, Prior to D	Departure				
EVACUATION OF AIRCR	AFT				
Was an emergency evacuation of			□ No		
Method of Exit - Describe how the	e occupants exited and	i how many occup			
Through F	-ron/ W	indow	opening	; ·	
57			~ /		
OTHER AIRCRAFT - CO	LLISION (If air or	ground collision	occurred, complete this sec	ction for other aircraft	
	Manufacturer:		100		age to Other Aircraft
	Model:			A 10 CO 10 C	estroyed Minor Mone
Registered Owner of Other Aircr			Pilot of Other Aircraft		
Name:			Name:		
City: ZIP:			City: State:	The second secon	
Country:			Country:		

ADDITIONAL INFORMAT	TION (Please type or print in ink)		
Use this space if additional spa			
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I HEDERY CERTIES THAT T	HE APOVE INFORMATION IS SOLVED		a Reference of the Control of the Co
	e:	m Dy Johns	EST OF MY KNOWLEDGE
	o electronically sign this document		
	FOR NTSB	USE ONLY	
NTSB Accident/Incident No. WPR20CA093	Reviewed by NTSB Regional Office WPR-AS	Name of Investigator E Simpson	Date Report Received 2/26/20