

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

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

BASIC INFORMATION	
Accident/Incident Location Nearest City/Place: <u>Foley</u> State: <u>AL</u> ZIP: <u>36535</u> Country: <u>USA</u> Latitude: <u>N30°25.66'</u> Longitude: <u>W87°42.06'</u> (Enter in decimal degrees or degrees:minutes:seconds)	Accident/Incident Date/Time Date: <u>05/06/2019</u> Local Time: <u>1245</u> mm/dd/yyyy Time Zone: <u>Central</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None

AIRCRAFT INFORMATION	
Registration Number: <u>N5542U</u> Manufacturer: <u>Piper</u> Model: <u>PA-28-140</u> Serial Number: <u>28-26264</u> Year of Manufacture: <u>1969</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>2150</u> lbs Weight at Time of Accident/Incident: <u>UNK</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>2</u> Number of Engines: <u>1</u>

Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate (Check all that apply) <table style="width:100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear (Check all that apply) <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng 1	Lycoming	0-320 SERIES	L-12786-39A	UNK	160	6294.53	93.18	1975.74
Eng 2								
Eng 3								
Eng 4								

Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>03/12/2019</u> mm/dd/yyyy Airframe Total Time: <u>6891.92</u> hrs hours measured at (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident	Propeller 1 <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Sensenich</u> Model: <u>74DM6-0-60</u> Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>UNK</u> Model or Part No.: <u>UNK</u> TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input type="radio"/> Yes <input checked="" type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No If not activated: Indicate Reason: <input checked="" type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	Additional Equipment (Check all that apply) <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Lightning AviationCity: FoleyState: AL ZIP: 36535Fractional Ownership Aircraft: Yes NoCountry: USA**Operator of Aircraft** Same As Registered Owner Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held*(Check all that apply)*

- None
 Flag Carrier Operating Certificate (FAR 121)
 Supplemental
 Air Cargo
 Foreign Air Carriers (FAR 129)
 Rotorcraft External Load (FAR 133)
 Commuter Air Carrier (FAR 135)
 On-Demand Air Taxi (FAR 135)
 Commercial Air Tour (FAR 136)
 Agricultural Aircraft (FAR 137)
 Pilot School (FAR 141)
 Certificate of Authorization or Waiver (COA)
 Commercial Space Transportation
 Experimental Permit
 Commercial Space Transportation License
 Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91 FAR 129 FAR 415
 FAR 103 FAR 133 FAR 431
 FAR 121 FAR 135 FAR 435
 FAR 125 FAR 137 FAR 437
- FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial
- Public Aircraft *(Select one)*
 Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

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

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

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

Revenue Sightseeing Flight Yes No**Air Medical Flight** Yes No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Foley MunicipalDistance From Airport Center: .1 smAirport Identifier: 5R4Direction From Airport: 350 degrees trueProximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/AAirport Elevation: 74 ft. msl**Runway Information**Runway ID: 36/18 (L/R/C) Length: 3700 ft Width: 74 ft**Condition of Runway/Landing Surface (Check all that apply)****Runway/Landing Surface (Check all that apply)**

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

- Dry Snow-Compacted Water-Calm
 Holes Snow-Crusted Water-Choppy
 Ice Covered Snow-Dry Water-Glassy
 Rough Snow-Wet Wet
 Rubber Deposits Soft
 Slush-Covered Vegetation Unknown

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address				Seat Occupied		Injury				
First Name: _____		City of Residence: _____		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown				
Middle Initial: _____		State: _____ ZIP: _____								
Last Name: _____		Country: _____								
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints				
<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student		<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport		<input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> US Military <input type="checkbox"/> Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown										
Crew Name and Address				Seat Occupied		Injury				
First Name: _____		City of Residence: _____		<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right	<input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown				
Middle Initial: _____		State: _____ ZIP: _____								
Last Name: _____		Country: _____								
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints				
<input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student		<input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport		<input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer		<input type="checkbox"/> US Military <input type="checkbox"/> Foreign				
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs		Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			
<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown										
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If Under 5.</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If Under 5.</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If Under 5.</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other			<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Available <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		Used <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years <i>If Under 5.</i> <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>5R4</u> City: <u>Foley</u> State: <u>AL</u> Country: <u>USA</u>	Time of Departure Time: <u>1200</u> Time Zone: <u>Central</u>	Destination Airport ID: <u>5R4</u> City: <u>Foley</u> State: <u>AL</u> Country: <u>USA</u>	Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)

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

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

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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions <input type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night
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Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: _____ degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input type="radio"/> None	<input type="radio"/> N/A	<input type="radio"/> Trace	<input type="radio"/> Rime	<input type="radio"/> Light	<input type="radio"/> Clear	<input type="radio"/> Moderate	<input type="radio"/> Mixed	<input type="radio"/> Severe	<input type="radio"/> Unknown	<input type="radio"/> Unknown		Turbulence <table style="width: 100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme
Amount	Type																																							
<input type="radio"/> None	<input type="radio"/> N/A																																							
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<input type="radio"/> Light	<input type="radio"/> Clear																																							
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<input type="radio"/> Severe	<input type="radio"/> Unknown																																							
<input type="radio"/> Unknown																																								
Amount	Type																																							
<input type="radio"/> None	<input type="radio"/> N/A																																							
<input type="radio"/> Trace	<input type="radio"/> Rime																																							
<input type="radio"/> Light	<input type="radio"/> Clear																																							
<input type="radio"/> Moderate	<input type="radio"/> Mixed																																							
<input type="radio"/> Severe	<input type="radio"/> Unknown																																							
<input type="radio"/> Unknown																																								
Type (Check all that apply)	Severity																																							
<input type="checkbox"/> None	<input type="checkbox"/> Light																																							
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																							
<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe																																							
<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> Extreme																																							

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

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

- None Substantial
 Minor Destroyed
 Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

See NTSB Report

NARRATIVE HISTORY OF FLIGHT *(Please type or print in ink)*

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

See NTSB Report

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

Operator/Owner Safety Recommendation

See NTSB Report

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

See NTSB Report

Total Time/Cycles
On Part____ Hours
____ CyclesTime Since This Part
Inspected/Overhauled

____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

36 Gallons

Fuel Type

-
- 80/87
-
- 115/145
-
- Jet B
-
- Other, specify _____
-
-
- 100 Low Lead
-
- Jet A
-
- JP8
-
-
- 100/130
-
- Jet A-1
-
- Automotive

Other Services, if Any, Prior to Departure

None

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes No

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Extracted from wreckage and carried out

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

Aircraft Registration Number

Manufacturer: _____
Model: _____

Damage to Other Aircraft

-
- Destroyed
-
- Minor
-
-
- Substantial
-
- None

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report 05/23/2019 <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>Lightning Aviation</u> Signature: _____ -- or -- <input checked="" type="checkbox"/> Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: Bradley Littleton **Title:** Partner

Signature: _____
-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA19FA164	Reviewed by NTSB Regional Office AS-ERA	Name of Investigator Lynn Spencer	Date Report Received 5/23/2019
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