r													
	This form		T/OPERAT sed for rep									lents	
BASI	C INFORMA	TION					륏		and the second		-		
Accide	nt/Incident Loc	ation			24		Ac	cident/Incid	ent Date/1	lime			
Nearest	City/Place: Fole	у			State:	AL	Da	ite:05/0	06/2019		cal Time:	1245	
ZIP: 36535 Country: USA								mm/de			_	_	
Latitude: N30*25.66' Longitude: W87°42.06'										Ti	me Zone:	Central	
(Enter in decimal degrees or degrees:minutes:seconds)							Co	ollision with	Other Air	craft: C) Midair	OOn-grou	and O None
AIRC	RAFT INFO	RMATIO	N	and an					23			kan nës	
Registr	ation Number:	N5542U						IFR-Equip					
Manufa	acturer: Piper							Commerci		ght			
Model:	PA-28-140						M	laximum Gr	oss Weigh	+ 2150		lbs	
Serial N	Number: 28-2	6264						eight at Tin	0	100 C			lbs
	Manufacture:												2.024
			OKit/Plans Ma	ke-				umber of Sea abin Crew Seat					
/ inates	ONo ONo		Original Design					umber of En			rassenge	Seats 2	
Catego	ry of Aircraft	Type of A	irworthiness Co	rtificate		Landing Ge			.gines	Engine	e Type (Se	elect one	
⊙ Airpl	-	(Check all t	hat apply)			(Check all the					procating		uid Rocket
OBallo	on Dirigible	Standar D Norma		tod			Retractable O Turbo Shaft O Solid F					id Rocket	
OGlide		Aerob	atic 🛛 🗖 Limite	d		Tricycle	e □Tailwheel OTurbo Prop OHybri OTurbo Jet ONone				brid Rocket ne		
OGyro	•	Balloo							igh Skid	OTurb	o Fan	OUni	5
O Helic O Powe	red Lift	Comm Transp					cy Fl	loat □SI □SI		O Elec	tric		
ORock	17 M. J.	🗖 Utility	Specia Specia	l Light-Sport					ci/Wheel	Fuel Sy	stem Type	(Reciproca	(ting)
OUltra OUnkn	v		•	imental Light-Sport			սոշհ	n/Recovery Sys	tem		uretor	•	el-Injected
		□Certificate □None		or Waiver (COA) Unknown					nknown				•
		-						Date	Rated Pow	er	Total	Tim	e Since:
Engine	Engine Manufa	cturer	Engine Model/Series	Manufac Serial Nu		acturer's		of Mfg. mm del yyyy	Horsep O lbs of '				n Overhaul
Eng 1	Lycoming		0-320 SERIES						160	iniusi	(hours) 6294,53	(hours) 93.18	(bours) 1975.74
Eng 2												1070174	
Eng 3													-
Eng_4													
Last Ir	spection Type			Propell						Fixed Pitch			
0100-н	our OCon	tinuous Airwo	orthiness					justable				Controllable Ground Adj	
O AAIP O Annu	+ • • • • • •	ditional Inspe	ction	Manufacturer: Sensenich				Manufacturer					
			010	Model:	74DM6	-0-60			Moet				
Date La	ast Inspection:	03/12/2 mm/dd/yy		ELT In	stalled:	⊙Yes O	No		Additio	nal Equ	ipment (Check all th	at apply)
Airfran	ne Total Time:		hrs	If Yes:						S-B Tame Para			16
hou	rs measured at (S	elect one)				er: <u>UNK</u>					chute ck Indicato	r	
<u> </u>	ast Inspection	OTime of A	ccident/Incident			.: <u>UNK</u> (121.5 MHz) C	0.09)1a (121.5 MH:	Aut	opilot			
Type of			6 (406 MHz.)		14 (121.2 000		Data Recorder Electronic Flight Bag or Handheld Device						
O Annu O Cond	Was EL	T still ma	unted in aircra	aft?	•Yes ONo	Elec	tronic Mu	altifunction	Display				
O Manu					nna? OYes ONo Electronic Primary Flight Display								
	Approved Inspec		(AAIP)	1000		e? OYes O	NO			ds Up Dis			
	nuous Airworthin ; specify:			If active Did EL1		ocating Aircra	aft: OYes ONo Satellite Tracking Device						
	tion of Fire Ex			0.00	ctivated:	0		-		Warning		U C	
None	3		•	Indicate	Reason:	- inchast of		e	Vid	eo Record	ing Device		
O Spec	ity:					Fire Dama		Damagad		er, Specify	y t		
					□ Battery Expired/Damaged □ Unknown								

OWNER/OPERATOR INFORMA	TION	THE DESIGN OF THE WAY ALL METAL AND A DESIGN A
Registered Aircraft Owner		City: Foley
Name: Lightning Aviation		State: AL ZIP: 36535
Fractional Ownership Aircraft: O Yes O	No	Country: USA
Operator of Aircraft I Same As Re	gistered Owner	Z Same Address as Registered Owner
	-	City:
Doing Business As:		
Air Carrier/Operator Designator (4 Character		Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	
None Flag Carrier Operating Certificate (FAR 121) Supplemental	Image: System state state OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 122 OFAR 137 OFAR 4	R 431 O Non-Scheduled or Air Taxi O International R 435
Greign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft <i>(Select one)</i> O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
Certificate of Autorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Glider Tow O Air Drop O Glider Tow O Instructional O Banner Tow O Other Work Use O Business O Business O Personal O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
O Yes O No	🔿 Yes 💿 No	
AIRPORT INFORMATION (Fill in	If accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Foley Municipal		Distance From Airport Center: .1sm
Airport Identifier: 5R4		Direction From Airport: 350 degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 74 ft. ms)
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 36/18 (L/R/C) Length: 37 Runway/Landing Surface (Check all that all	apply) adam 🔲 Water A/Wood	Image: Constant of the second diagram of the second diagr
Approach/Departure Segment (Select one	y	
OTaxi OVFR Departure OTakeoff OIFR Departure Proc Olnitial Climb	OOn Instrument Appendixedure/Clearance OLanding	Operation Operation <t< td=""></t<>
IFR Approach (Check all that apply)		VFR 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	Image: Traffic Pattern Stop and Go Image: Straight-In Image: Touch and Go Image: Straight-In Image: Touch and Go Image: Valley/Terrain Following Image: Simulated Forced Landing Image: Go Around Image: Forced Landing Image: Full Stop Image: Precautionary Landing Image: Unknown Image: Stop Precautionary

"FLIGHT CREWMEMBER 1" INFORMATION								81 1139// 0			
"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" was pilot flying Yes INO											
"Flight Crewmember 1" Identification											
First Name: Jessica City of Residence: Foley											
Middle Initial: M	-			5	State: <u>AL</u>		:	ZIP: <u>36535</u>	;		
Last Name: Pohlman					Country:	USA				3	
Age at time of	of Accident/Incide	nt: <u>22</u>	Date of B		÷ .		m dd/yyvy				
_	ber:										
Degree of Injury	Seat Occup				straint Ty	pe			inflatable R	lestraints	
O None O Fatal	O Left	O Front	O Unknov	un l	Available	-	Used				
O Minor O Unknown O Serious	Right Center	O Rear O Single			ONone	•	ONone		🗸 Not Inst	alled	
Pilot Certificate(s) (Check					O Lap of O 3-poir		• Lap only O 3-point	y	Installed		
		Commercial	🗖 US Mi	litery	O 3-poir O 4-poir		O 4-point		Deploye		
Private Recre		Airline Transp			O 5-poir	it	O 5-point		Unknow	vn	
Student Sport		Flight Enginee	r		O Unkno	own	O Unknov	vii			
Principal Occupation	Medical Certific	ate		Me	dical Cer	tificate Va	lidity	· · · ·	Date of Las	t Medical	
• Pilot) Class 3				itations/wai	•	nknown			
O Other	O Class I C) Driver's Lice	nse (Sport Pilot	only) Ŏ	With limita	tions/waivers	•		8/24/201		
O Unknown) Unknown		09	Special Issu	ance			mm dd yy	<u>yy</u>	
Medical Certificate Limits	ations										
None											
Medical Certificate Specia	Issuance										
None											
Date of Last Flight Review		Flight	t Review Airc	roft							
or Equivalent, Including			Cessna								
FAR 121/135 Checks:	10/18/2018	1	: 172								
Ainsland Deting(s)	mm/dd/yyyy Other Aircraf		1000	D At a f	、						
Airplane Rating(s) (Check all that apply)	(Check all that a			ent Rating(s I that apply)							
None None	None		□ None		None Instrument Airplane						
Single-Engine Land	Airship		🛛 🗹 Airpla		Airplane Single-Engine Instrument Heli						
Single-Engine Sea Multiengine Land	Balloon Glider		Helico		ft Gyroplane Glider					226.07	
Multiengine Sea	Gyroplane			eu Liitt	Overed Lift Sport						
	Helicopter Powered Lift								•		
Type Ratings					[Student F	ndorseme	nts (Include	dates		
- J F						Stattent L			aareby		
Flight Time (Enter approprie	ate All	This Make	Airplane Single	Airplane		Inst	rument			Lighter	
number of hours in each box)	Aircraft	& Modei	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time	943	250	943		112	2 6	107				
Pilot in Command (PIC)	893										
Time as Instructor	619										
This Make/Model	300										
Last 90 Days Last 30 Days	= 90				+						
Last 24 Hours	90				+	1					
	<u> </u>				<u> </u>		<u> </u>	l	<u>.</u>		
				5							

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Re				ident							
OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew											
"Flight Crewmember 2" was pilot flying Yes INo											
"Flight Crewmember 2" Id	entification										······
First Name: Carlton City of Residence: UNK											
Middle Initial: L					-		IK		IP: UNK		
Last Name: McCullar								2			
	Accident/Incident: 2	5	Date of Bir	eth-	COL	uniny: ,		m/dd/www			
Age at time of Accident/Incident: <u>25</u> Date of Birth: Certificate Number:						JNK		maa yyyy			
Degree of Injury	Seat Occupied	Certi	ficate round	<u></u>		raint T	vne			Inflatable R	octroints
O None O Fatal		DFront	OUnknow	vn			••	Iland	'	Innataole N	C311 41115
O Minor O Unknown O Serious)Rear				vailab O None		Used O None		🛙 Not Inst	alled
		Single				🖲 Lap o		• Lap only	/		
Pilot Certificate(s) (Check a		••				O 3-poi O 4-poi		O 3-point O 4-point		□ Not Dep □ Deploye	
□ None □ Flight □ Private □ Recrea		ierciai e Transport	US Mi			O 5-poi	int	O 5-point		Unknow	
🛿 Student 🔲 Sport		Engineer	_			O Unkr	nown	O Unknow	/n		
Principal Occupation	Medical Certificate				Madi	ical Co	rtificate V	alidity		Date of Las	t Medical
O Pilot	O None O Clas	« 3					mitations/wa	-	nknown	Date of Las	(incultar
O Other	O Class I O Driv	er's License	e (Sport Pilot	only)	Õ Wi	ith limit	ations/waive	-			
	O Class 2 O Unk	nown			OSp	ecial Iss	suance			mm dd/yy	<i>yy</i>
Medical Certificate Limitat	tions										
UNK											57
Medical Certificate Special	lssuance										
UNK .											
Date of Last Flight Review		Flight R	Review Airc	raft							
or Equivalent, Including	NA	Make: N	e: NA								
FAR 121/135 Checks:	NA mm/dd/yyyy	Model:									
Airplane Rating(s)	Other Aircraft Ra		Instrum	ent Rati	ino(s)		Instructo	r Rating(s)			34 C
(Check all that apply)	(Check all that apply)		(Check all					that apply)			
None Sincle Francisco Land	☑ None		🗹 None		☑ None						
Single-Engine Land Single-Engine Sea	Airship Balloon		Airplai		Airplane Single-Engine Instrument Heli					elicopter	
Multiengine Land	Glider		Power		Gider Gider						
Multiengine Sea	Gyroplane				Powered Lift Sport						
	Powered Lift										
Type Ratings							Student	Indorsement	s (Include d	ates)	
NA							NA				
Flight Time (Enter appropria			Airplane				In	trument			
number of hours in each box)		s Make Model	Single Engine	Airph Multier		Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours									<u> </u>		
				6							

	<u>IGH I CREWMEN</u>	IBERS (Exclusive	of cabin cre	w, complete	the followin	g information)		
Crew Name and Add							Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		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) (Flight Instructor Recreational Sport	1	nsport Foreign			Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	e: Used O None Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Installed Not Deployed Deployed Unknown	
Crew Name and Ad	tress						Seat Occupie	d	Injury
Middle Initial:		e:	2	CIP:		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 Private Recreational Student Sport Flight Engineer Type Rating/Endorsement for Accident/Incident Aircraft? Yes No							Restraint Ty Available O None Lap Only O 3-point O 4-point O 5-point O Unknown	be: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S)	/ OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on se	eparate shee	t if necessary)	1.0.4.11	
Name and Address				Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
First Name: Middle Initial:				OLeft		Available	Used		
Last Name: OCrew				OCenter ORight OUnknown Row:	O None O Minor O Scrious O Fatal O Unknown	O None O Lap Only O3-point O4-point O5-point OUnknown	O 3-point O 4-point O 5-point	 Not Installed Installed Not Deployed Deployed Unknown 	
	Country: OPassenger	0 00 ZIP:	ther	OCenter ORight OUnknown	O Minor O Serious O Fatal	O Lap Only O3-point O4-point O 5-point	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	 Installed Not Deployed Deployed 	If Under 5. O Child Restraint O Lap-Held O Unknown
OCrew First Name: Middle Initial: Last Name:	Country: OPassenger City : State: Country: OPassenger City : State:	© O(ther ther ther	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Minor Serious Fatal Unknown ONone Minor OSerious O Fatal	O Lap Only O Lap Only O J-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point	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 Unknown Used O None O Lap Only O 3-point O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point	Installed Not Deployed Deployed Unknown Not Installed Installed Doployed Doployed	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

FLIGHT ITINERARY	INFORMATIO					land the second				
Last Departure Point	r	e of Departure	Destinatio	on		Type Fligh	t Plan Filed			
Airport ID: 5R4		-	Airport ID:			None	O VFR/IFR			
City: Foley		1200	City: Fole			O Company				
State: AL	1.1.465.2	Zone: Central	State: AL			O Military V O VFR	FR O Unknown			
Country: USA	·		Country: L		23	-	OYes ONo OUnknown			
Type of ATC Clearance/S	ervice (Check all that	apphil								
None None	Special VFR		cial IFR		VFR Flight Foll	owing	Cruise			
	IFR IFR		R On Top		Traffic Advisory	/	Unknown / NA			
Airspace where the accide	nt/incident occurree ☑Class G						Altitude of In-Flight			
		itary Operations port Advisory A	Area (MOA)	Special	rol A roo	Occurrence:				
	Demo Area Warning Area		Training Area	ica		IUI AICA	0 ft msl			
Class D	Prohibited Area	🗖 TRS	SA		-					
WEATHER INFORM	***************	ACCIDEN	T/INCIDEN	1		X II SHEAT				
Source of Pilot Weather In (Check all that apply)	nformation]	servation Facility					
■ National Weather Service	Con	nauv								
Flight Service Station	🗖 Mili	агу		Observation Ti	me:					
TV/Radio				Time Zone:						
Automated Report Commercial Weather Servi	ce (DUATS) DUnk			Distance from .	Accident Site:		nm			
On-Board Weather		liowii		Direction from	Accident Site		degrees true			
Basic Conditions		Light Conditi	ion	•						
Оумс		ODawn	O Dusk	ODark	Night OUr	hknown				
OIMC		ODay	ONight	OBrig	ht Night					
OUnknown										
Sky/Lowest Cloud Condit		Ceiling			Temperature:		(C) or(F)			
O Clear O Few	O Thin Broken O Thin Overcast	O None (Clear) O Obscured O Broken O Indefinite			Dew Point:	Dew Point:(C) or(F)				
O Partial Obscuration	O Unknown	O Overcast	-	Unknown						
O Scattered					Altimeter Setting: in. Hg or MB					
Lowest Cloud Condition	•	Ceiling Heigh	t			01				
	ft agl			ft agl						
Wind Direction	Wind Speed		Wind Gusts	5	Visibility		miles			
Variable	Calm		🗖 Not Gusti	ng	RVR	1	feet			
	Light and Vari	able			RVV		miles			
-or- Direction:degrees tru	e Speed:	kts	-or- Speed:	kts	Density Altitu					
Intensity of Precipitation	Type of Precipit				- · · · · · · · · · · · · · · · · · · ·		heck all that apply)			
OLight	□ None	Drizzle	Freezin	o Dain			••••			
OModerate		Lice Pellets			Blowing Du		Found Fog			
OHeavy	Snow	Snow Pellet		lets Shower	Blowing Sa					
ON/A OUnknown	Hail	Snow Grain		ıg Drizzle	Blowing Sn		ce Fog Smoke			
Ouknown	L Rain Showers				Dust		Jnknown			
Icing Forecast		Icing Actual			Turbulence					
Amount Type		Amount	Туре		Type (Check a	ll that apply)	Severity			
O None O N/A O Trace O Rime		O None O Trace	O N/A O Rima		□ None □ Clear Air		□Light □Moderate			
OLight OClear		OLight	O Clea		Terrain-Indu	uced				
O Moderate O Mixe	d	O Moderate	O Mixe	ed	Convective	Turbulence	Extreme			
O Severe O Unkn O Unknown	own	O Severe O Unknown	O Unk	nown						
		- 60300 								
NOTAMs (D and FDC)	, AIRMETs, SIGN	AETs, PIREPS	s in effect at	the time of t	he accident/inci	dent:				
			8							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor ge O Substantial O Destroyed O Unknown Aircraft Fire O None O In-Flight O 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 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 and location, services obtained, and intended destination. Provide as much detail as possible.

See NTSB Report

RECOMMENDATION (How	could this	accident/incident h	ave been prev	vented?)		Ulle Ingal Suis		
Operator/Owner Safety Recomm	endation							
See NTSB Report								
MECHANICAL MALFUN	CTION/		re space is n	eded co	ontinue on sena	rate sheet)		
Was there Mechanical Malfund							Total Tim	e/Cycles
(If yes. list the name of the part, man				re.)			On Part	
See NTSB Report								Hours
and a second								Cycles
								e This Part Overhauled
							mspected	Overnauleu
								Hours
		A 11						
FUEL & SERVICES INF	ORMATI					_		
(Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145		O Jet B	O Other, specify		
36	Gallons	I00 Low Lead O 100/130			O JP8 O Automotive			
Other Services, if Any, Prior to			O Jet A-1		O Automotive			
None	Departure							
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation		-		🛛 No				
Method of Exit – Describe how	the occupan	ts exited and how m	any occupants	s evacuate	ed each location			
Extracted from wreckage and	carried out							
				21-0110-0202		W. 1973		
OTHER AIRCRAFT - CO	OLLISIO	N (If air or ground	collision occ	urred, co	mplete this sect	tion for other airc	craft)	
Aircraft Registration Number	Manufact	urer:					amage to Othe	
	Model:						Destroyed Substantial	Minor None
Registered Owner of Other Air	craft			Pilot of	Other Aircraft			14
Name:				Name:		9		
City:ZIP:ZIP:				City:		ZIP:		
Country:				Country				

ADDITIONAL INFORM	ATION (Please type or print in ink)		
	pace is needed for any answers.		
		ETE AND ACCURATE TO THE BEST OF	MY KNOWLEDGE
Date of this Report Nam	e of Pilot/Operator: Lightning Aviation		
	ature:	a	
mm/dd/yyyyy e	r I Check here to electronically sign this	document	
f a Person Other than Pilo	t/Operator is Filing Report		
Name: Bradley Littlet		Title: Partner	
Signature:			
	ere to electronically sign this document		
		USE ONLY	
NTSB Accident/Incident N	0. Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA 19 FAIL	AS-BRA	Lynn Sperker	5/23/2019
	1	1	