## 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				erang									
	nt/Incident Loc						1	cident/Incid	lent Date/	Time			
	City/Place: Mad				State:	N					1 77.	1700 11	
ZIP: 47		Country: Uni			_ 5tute. <u>-</u>	<u> </u>	Da	te: <u>03/(</u> <i>mm/da</i>	<u>13/2020</u> d/yyyy	L0	cal 1 line:	1706 Hour	<u>s                                    </u>
			Longitude: 085-	-27-52.90	00W					Ti	me Zone:	Eastern	
			legrees:minutes:sed				C	ollision with	Other Air	·oraft· (	Midair	On-group	d <b>O</b> None
	×		~								, windam	<b>O</b> On-groun	
AIRC	RAFT INFO	RMATIO	N				1						
Registr	ation Number:	N5815E						□ IFR-Equip					
Manuf	acturer: <u>Cessr</u>	na						Commerci		igni			
Model:	172N						Μ	laximum Gr	oss Weigl	nt: 2300		lbs	
Serial N	Number: <u>1721</u>	942						eight at Tin	-				lbs
Year of	Manufacture:	1978					N	umber of Se	ats: 4		Flight Cre	w Seats: 2	
Amateu	ir-Built: OYes	If Yes: (	<b>O</b> Kit/Plans Mal	ke:				abin Crew Sea					
	No	(	Original Design					umber of Er					
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engin	e Type (Se		
<ul><li>● Airpl</li><li>● Ballo</li></ul>		(Check all the <b>Standar</b> )	** **			(Check all th	-	<i>pply)</i> ractable			procating o Shaft	OLiqui OSolid	d Rocket
	o/Dirigible	🗹 Norma	al 🗖 Restric			Tricycle	Rei		ailwheel	O Turb		-	id Rocket
<b>O</b> Glide		Aeroba				_ ·		_		OTurb		ONone	
OGyro OHelic		Balloo				Amphibia Emergend			igh Skid kid	O Turb		OUnkn	lown
<b>O</b> Powe	red Lift	🗖 Transp	ort 🗖 Experi	mental		Float	., .		ki	<b>U</b> Ence			
ORock OUltra		🗖 Utility		l Light-Spo mental Lig		Hull			ki/Wheel	Fuel Sy	stem Type	(Reciprocation	ng)
OUnkn		<b>D</b> Certificate	e of Authorization	-	-	Other La	unch	n/Recovery Sys	stem	<b>⊙</b> Carb	uretor	O Fuel-	Injected
		None		Unknown		□ None			Inknown				
			Engine		Monuf	acturer's		Date of Mfg.	Rated Pow	ver power or	Total Time	Time Inspection	
Engine	Engine Manufa	cturer	Model/Series			Number		of Mig. mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1	Lycoming		0-360-A4N Serie	es	L-3220	5-36E		10/09/2012	180		1830	20	50
Eng. 2													
Eng. 3 Eng. 4													
-	( <b>* T</b>			Propell	er 1	●Fixed F	Pitch	L	l Prop	eller 2	0	Fixed Pitch	
	our OCont			OContr				ollable PitchO Controllable Pitchnd AdjustableO Ground Adjustable					
O AAIP		litional Inspec		OGround Manufacturer: <u>Sensenich</u>				Manufacturer:					
<b>⊙</b> Annu	al OUnki	nown		Model: <u>76EM8SPY-0-60</u>				Model:					
Date Last Inspection: 11/01/2019				ELT Installed: OYes					Additi	onal Equ	ipment (	Check all that	t apply)
<i>mm/dd/yyyy</i> Airframe Total Time: <u>1769.9</u> hrs				If Yes:					🗹 AI	рs-в			11 27
hours measured at <i>(Select one)</i>						er: <u>ACK</u>				frame Para	ichute ck Indicato	r	
<b>0</b> 1	ast Inspection	O Time of A	ccident/Incident			.: <u>ACK E-04</u>		1 (101 5 ) (11		topilot	ek maleato	1	
Type of Maintenance Program (Select one)				150 No.		(121.5 MHz) <b>(</b> 6 (406 MHz)	<b>)</b> (5	1a (121.5 MH		ta Recorde		Handheld De	vias
O Annu				Was FI		unted in aircra	.ft9		<b>— — — —</b>		ultifunction		vice
	itional (Amateur-t Ifacturer's Inspect					inected to ante			$  \square Ele$	Electronic Primary Flight Display			
O Other Approved Inspection Program (AAIP)					? OYes O	No			☐ Handheld GPS ☐ Heads Up Display				
<ul> <li>O Continuous Airworthiness</li> <li>O Other, specify: <u>Annual</u>, Plus 100 Hour</li> </ul>			If active			<b>C</b> 4.		□On	board Wea	ther			
				4		ocating Aircra	IIT:	Ures ONO			king Device	e	
Descrip O None	otion of Fire Ex	tinguishing	System	If not ac Indicate	ctivated: Reason:	□ Impact Da	mao	re		II Warning leo Record	system		
	<sup>ify:</sup> Hand Held	Fire Exting	luisher			☐ Fire Dama	ge -			ner, Specify			
			, -			Battery Ex	pire	d/Damaged					
						Unknown 🛛							

OWNER/OPERATOR INFORMA	ATION					
Registered Aircraft Owner		City: Sellersburg				
Name: Honaker Group LLC						
Fractional Ownership Aircraft: O Yes O	) No	Country: United States				
<b>Operator of Aircraft</b> Same As Re	egistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Characte	er Code):	Country:				
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un	AderRevenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> <li>Commuter Air Carrier (FAR 135)</li> <li>On Demand Air Tarii (FAP 135)</li> </ul>	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial	431 O Non-Scheduled or Air Taxi O International				
<ul> <li>On-Demand Air Taxi (FAR 135)</li> <li>Commercial Air Tour (FAR 136)</li> <li>Agricultural Aircraft (FAR 137)</li> <li>Pilot School (FAR 141)</li> <li>Certificate of Authorization or Waiver (COA)</li> <li>Commercial Space Transportation Experimental Permit</li> <li>Commercial Space Transportation License</li> <li>Other Operator of Large Aircraft</li> </ul>	<ul> <li>Non-US, Non-commercial</li> <li>Public Aircraft (Select one)</li> <li>Armed Forces</li> <li>Federal</li> <li>State</li> <li>Local</li> <li>Unknown</li> </ul>	Purpose of Flight for FAR 91, 103, 133, 137         (Select one)         O Aerial Application       O Firefighting         O Aerial Observation       O Flight Test         O Air Drop       O Glider Tow         O Air Race/Show       O Instructional         O Banner Tow       O Other Work Use         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	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: <u>Madision Municipal Airp</u>		Distance From Airport Center: <u>0</u> sm				
Airport Identifier: KIMS	<u>Jon</u> ,	Direction From Airport: N/A degrees true				
Proximity to Airport: O Off Airport/Airstri	ip On Airport/Airstrip ON/A	Airport Elevation: <u>819.1</u> ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 21       (L/R/C) Length: 50         Runway/Landing Surface       (Check all that all tha	apply) adam ☐ Water al/Wood _	Image: Dry       Snow-Compacted       Water-Calm         Holes       Snow-Crusted       Water-Choppy         Ice Covered       Snow-Dry       Water-Glassy         Rough       Snow-Wet       Wet         Rubber Deposits       Soft       Unknown         Slush-Covered       Vegetation       Unknown				
Approach/Departure Segment (Select one)	.)					
OTaxi OTakeoff OInitial Climb	OOn Instrument App cedure/Clearance OLanding	pproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
□None	,	□None				
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLSPracticeLDAGPSASRVisualContactUnknown	□ Traffic Pattern       □ Stop and Go         □ Straight-In       □ Touch and Go         □ Valley/Terrain Following       □ Simulated Forced Landing         □ Go Around       □ Forced Landing         □ Full Stop       □ Precautionary Landing				

"FLIGHT CREWMEMBER 1" INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident											
O Pilot O Co-Pilot O Student Pilot ● Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
<b>"Flight Crewmember 1" was pilot flying</b>											
"Flight Crewmember 1" Identification											
First Name: <u>TODD</u>					City of	Res	idence: <u>L</u>	OUISVILLE			
Middle Initial: M					State:	KY			ZIP: <b>4024</b> 1		
Last Name: HARWOOD											
Age at time of A	Accident/Incide	ent: 48	_ Date of B	irth.	countr.	• _		m/dd/yyyy			
			ertificate Num								
Degree of Injury	Seat Occup				straint	Tw				Inflatable F	lostraints
● None ● Fatal	O Left	O Front	<b>O</b> Unknov					<b>T</b> T <b>T</b>		innatable r	cou anno
O Minor O Unknown	<ul> <li>Right</li> </ul>	O Rear	•		Availa O No			Used ONone		🔽 Not Inst	alled
O Serious	O Center	O Single			ŌLa	p on		OLap only	y	🗖 Installe	ł
Pilot Certificate(s) (Check all			_		⊙3-1 O4-1			<ul> <li>O 3-point</li> <li>O 4-point</li> </ul>		□ Not Dep □ Deploye	
□ None □ Flight In □ Private □ Recreation		Commercial Airline Transp	ort		05-1			O 5-point			
Student Sport		Flight Enginee	_ v		OUr	knov	wn	<b>O</b> Unknov	vn		
	edical Certific						ificate Va	•		Date of Las	t Medical
		Class 3 Driver's Lice	ense (Sport Pilot				tations/wai ons/waiver:		nknown /A	09/11/20	19
	· ·	Unknown			Special			0		mm/dd/yy	<i>yy</i>
Medical Certificate Limitatio	ns										
N/A	N/A										
Medical Certificate Special Is	ssuance										
N/A											
Date of Last Flight Review		Fligh	t Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	07/24/2018	Make	CESSNA								
	mm/dd/yyyy	Model	I: <u>C172S</u>								
Airplane Rating(s)	Other Aircraf	ft Rating(s)	Instrum	ent Rating	s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	apply)		l that apply)	pply) (Check all that apply)						
☐ None ☑ Single-Engine Land	□ None □ Airship		□ None				None None	e Single-Eng		Instrument I	
☐ Single-Engine Sea	□ Balloon		Airpla 🖸 Airpla					e Single-Engi e Multi-Engi		Helicopter	Hencopter
Multiengine Land	Glider		D Power				Gyropla	ine	Ľ	Glider	
Multiengine Sea	Gyroplane Gyroplane						Powere	d Lift		Sport	
	Powered Lift	t									
Type Ratings     Student Endorsements (Include dates)											
N/A N/A											
			Airplane				Inct	rument			
<b>Flight Time</b> (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single	Airplane Multiengine	Nig	ht			Rotorcraft	Glider	Lighter Than Air
Total Time	Aircran 1,127	200	Engine 1,115	12		92	Actual 43	Simulated 101	Notorerait	Gilder	T Hall All
Pilot in Command (PIC)	1,127	136	1,113		2	88	41	101			
Time as Instructor	96	59	96		-	14	0	0			
This Make/Model						14	3	10			
Last 90 Days	33	24	33		)	12		4			
Last 30 Days	17	11	17	(	)	2		0			
Last 24 Hours	1	1	1		)	0	0	0			

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OFlight Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew											
"Flight Crewmember 2" was	pilot flying	□ Yes □	No								
"Flight Crewmember 2" Iden	ntification										
First Name: Dalton				Ci	ty of R	esid	lence: Ge	orgetown			
Middle Initial: A					ate: <u>IN</u>			-	IP: <u>47122</u>		
Last Name: Lawver							Inited Cto		<u> </u>		
Age at time of A	ccident/Incider	ot: 18	Date of Bi		Junu y.		Inited Sta	les //dd/yyyy			
Age at time of A			rtificate Numb	-				, cici yyyy			
Degree of Injury	Seat Occup				traint ]	Гvn				nflatable R	astraints
• None • • • • • • • • • • • • • • • • • • •	O Left	OFront	<b>O</b> Unknov	vn		• •				innatable N	csu annis
O Minor O Unknown O Serious	ORight OCenter	ORear OSingle			Availat O Non O Lap	ne		Used O None O Lap only	,	☑ Not Inst	
Pilot Certificate(s) (Check all a	that apply)				<b>⊙</b> 3-pc	oint	5	O 3-point	′	□ Not Dep	oloyed
□ None □ Flight Ins		Commercial	🗖 US Mi		O 4-pc O 5-pc			O 4-point O 5-point		□ Deploye □ Unknow	
☐ Private ☐ Recreation ☑ Student ☐ Sport		Airline Transpo Flight Engineer		n	O J-pc		vn	O Unknow	'n		11
			L								
Principal Occupation M	ledical Certific	eate		Med	lical C	erti	ficate Va	lidity		Date of Las	t Medical
0	-	Class 3	(G ) D''	-			tations/waiv	•	nknown	N/A	
<b>U</b>		) Driver's Licei ) Unknown	nse (Sport Pilot	<i>J</i> /	pecial Is		ons/waivers	5 <b>O</b> N.	/A	mm/dd/yy	<u>'yy</u>
Medical Certificate Limitatio	-										
N/A											
Medical Certificate Special Is	ssuance										
N/A											
Date of Last Flight Review		Flight	Review Airc	raft							
or Equivalent, Including FAR 121/135 Checks:	N/A	Make:	N/A								
	mm/dd/yyyy	Model	:								
	Other Aircraf	0	Instrum	ent Rating(s)	)	I	nstructor	Rating(s)			
11 27	(Check all that a	(pply)		that apply)		· ·	Check all th	at apply)	_		
☑ None ☑ Single-Engine Land	✓ None ☐ Airship		☑ None □ Airpla	ne			None	Single-Engin		Instrument A Instrument H	irplane elicopter
□ Single-Engine Sea	Balloon							Multi-Engine		Helicopter	encopter
<ul> <li>☐ Multiengine Land</li> <li>☐ Multiengine Sea</li> </ul>	☐ Glider ☐ Gyroplane		D Power	ed Lift			Gyroplan Powered			Glider	
	Helicopter					╎┖		LIII	Ц	Sport	
	□ Powered Lift										
Type Ratings       Student Endorsements (Include dates)											
N/A			Ci	itizenship	/ IACRA - 01	1/26/2020					
Flight Time (Enter appropriate		Th: M. 1	Airplane	A * 1.		1	Inst	rument			T total
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Nigh	ıt	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	4	4	4	0		0	0	0			
Pilot in Command (PIC)	0	0	0	0		0	0	0			
Time as Instructor	0	0	0	0		0	0	0			
This Make/Model						0	0	0			
Last 90 Days	4	4	4	0	ļ	0	0	0			
Last 30 Days	3	3	3	0	<u> </u>	0	0	0			
Last 24 Hours	0	0	0	0		0	0	0			

Crew Name and Address     Seat Occupied     Injury       First Name:	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Midde Initial:       State:       ZP:	Crew Name and Add	dress						Seat Occupie	d	Injury	
Middle Intality     State:     ZP     Origin     Orig	First Name:		City	of Resider	nce:						
Tast Name:	Middle Initial:          ZIP:								O Single	-	
Filed Certificate(s)     (Check all hus apply)     Inflatable     Restraint Type:     Inflatable     Inflatable       Byon     Byon     Artifies Transport     ICS Military     Oracegen     Orace     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Orace	Last Name: Country:							_	<b>O</b> Unknown		
Some       Fight Instructor       Commercial       US Military       Available       Used       Bit Instructor         Student       Spectralination       Total Fight Time at the Time       O None       O	Bilat Contificato(s)	(Classic applied						Restraint Ty	ne•		
□ Provace       □ Recreasional       □ Aritics Transport       □ Procegn       ○ Lag Cuby       ○ Lag Cuby       ○ Not Installed         Type Rating/Endorsement for       Accident/Incident Aircraft?       □ Ves       Not       Total Flight Time at the Time       ○ Lag Cuby       ○ Apoint								Available	Used		
□ Student     □ Sport     □ Flight Fight Fight Fight Fine at the Time of this Accident/Incident:     0.3-point     0.4-point	$\square Private \square Recreational \square Airline Transport \square Foreign$						-	O Lap Only			
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       O Separation (S sparation)       O Separation (S sparation)       Deployed (Unknown)         Crew Name and Address       Seat Occupied       Injury         Pirst Name:       City of Residence:       ZIP       O Left (S region)       O None (S region)									O 3-point		
Accident/Incident Aircraft?       Yes       No       of this Accident/Incident:       Inrs       OUMMAN       Common Parallel         First Name:	Type Rating/Endorsement for Total Flight Time at the Time						O 5-point	O 5-point	Deployed		
First Name:	Accident/Incident A	Aircraft? 🛛 🗆 Yes	🗖 No	of this A	Accident/Inci	ident:	hrs	<b>O</b> Unknown	<b>O</b> Unknown		
First Name:	Crow Name and Add	drage						Saat Qaaunia		Inium	
Private       State       ZIP:       Ormer       Ormer <t< td=""><td></td><td></td><td>City</td><td>ofReside</td><td>nce:</td><td></td><td></td><td>· · · ·</td><td></td><td></td></t<>			City	ofReside	nce:			· · · ·			
Last Name:								OCenter	ORear	<b>O</b> Minor	
Pilot Certificate(s) (Check all that apply)       Image: Commercial Student apply)       Used in the straint Type: Available Student apply in the stu								ORight	-	<b>O</b> Fatal	
Image: Student										<b>O</b> Unknown	
□ None       □ Flight Instructor       □ Commercial       □ US Millary         □ None       □ Aritin Transport       □ Foreign       ○ None       ○ None       ○ None       ○ None       □ ap Only         Type Rating/Endorsement for       ○ None       of this Accident/Incident:       □ hrs       ○ None       ○ None       ○ None       ○ None       ○ None       □ ap Only       ○ Not Installed       □ bot Insta	_				_						
Image: Student       Image: Sport       Image: Flight Engineer       One of this Accident/Incident and the Time of this Accident/Incident:       Image: Sport       Image: Sport </td <td></td> <td></td> <td>_</td> <td></td> <td></td> <td>-</td> <td></td> <td>O None</td> <td><b>O</b> None</td> <td></td>			_			-		O None	<b>O</b> None		
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       Or applyed Deployed       Not Deployed Deployed         PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)       Inflatable Restraint Type       Inflatable Restraints       Age         Name and Address       Seat       Injury       Restraint Type       Inflatable Restraints       Age         First Name:       Country:       Other       Other <th cols<="" td=""><td></td><td colspan="5"></td><td></td><td colspan="2">O 3-point O 3-point</td></th>	<td></td> <td colspan="5"></td> <td></td> <td colspan="2">O 3-point O 3-point</td>								O 3-point O 3-point		
Accident/Incident Aircraft?       Urst       Of this Accident/Incident:       Inst       Outnown       Outnown       Outnown       Outnown         PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)       Inflatable       Age         First Name:	Type Rating/Endors	sement for		Total F	light Time a	t the Time		O 4-point	O 4-point	Deployed	
Name and Address       Seat       Injury       Restraint Type       Inflatable Restraints       Age         First Name:	••		□ No		-		hrs		$O^{\text{5-point}}$ $O^{\text{5-point}}$ $\Box$ $\Box$		
Name and Address       Seat       Injury       Restraint Type       Restraints       Age         First Name:											
First Name:       City :       OLeft       ONone       ONone       ONone       ONone       ONone       Duap Only       Installed       Installed       Installed       OChild Restraint         Ast Name:       Country:       OOther       Other       OLeft       ONone       ONone       ONone       OLen Only       Olap Only <td>PASSENGER(S)</td> <td>/ OTHER PERSC</td> <td>ONNEL (I</td> <td>Include c</td> <td>abin crew; c</td> <td>ontinue on s</td> <td>eparate shee</td> <td>t if necessary)</td> <td></td> <td>•</td>	PASSENGER(S)	/ OTHER PERSC	ONNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		•	
Middle Initial:		/ OTHER PERSC	<u>DNNEL (I</u>	Include c						Age	
Last Name:	Name and Address				Seat	Injury	Restraint T Available	'ype Used	Restraints		
OCrew       OPassenger       Other       Row:       Othation       Oradianova       Os-point	Name and Address	City :			Seat OLeft	Injury ONone	Restraint T Available ONone OLap Only	<b>Ype</b> Used O None O Lap Only	Restraints		
First Name:       City :       OLeft       ONem       None       Not Installed       Installed         Middle Initial:       State:       ZIP:       Other       OLeft       Ocenter       Oknown	Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years	
First Name:       City :       OLeft       ONone       ONone       ONone       OLap Only       Installed       Install	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years I <i>If Under 5</i> , O Child Restraint	
Middle Initial:	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	☐ Under 5 years <i>If Under 5</i> , O Child Restraint O Lap-Held	
Last Name:	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Otl	her	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints	☐ Under 5 years 1 If Under 5, O Child Restraint O Lap-Held O Unknown	
OCrew       OPassenger       O Uher       Row:       O Unknown       O Unknown       O S-point       O S-point       O Lap-Held         First Name:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP: O Oth		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype 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         Unknown	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
First Name:       City :       City :       OLeft       ONone	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Oti ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None 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 O4-point	Yype 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	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,	
Middle Initial:	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:         Last Name:	City : State: Country: OPassenger City : State: Country:	ZIP: O Oti ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype 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	Restraints  Not Installed  Not Deployed  Deployed Unknown  Not Installed Installed Doployed Deployed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
Last Name:       Country:       ORight       ORight       OSerious       O3-point       Image: O4-point       Image: O4-poi	Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew	City : State: OPassenger City : State: Country: OPassenger	ZIP: O Oth ZIP: O Oth	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury 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	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used	Restraints          Not Installed         Installed         Not Deployed         Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
OCrew       OPassenger       OOther       Oregination       OPataling	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         Pirst Name:	City : State: Country: OPassenger City : State: Country: OPassenger City :	ZIP: O Otl ZIP: O Otl	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints          Not Installed         Installed         Not Deployed         Deployed         Installed         Not Installed         Installed         Not Deployed         Unknown         Deployed         Unknown         Installed         Not Deployed         Unknown	□ Under 5 years I <i>f Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years <i>I f Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
First Name:       City :       OLeft       ONone       ONone       ONone       None       Installed       Installed <td>Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:</td> <td> City :  State: OPassenger  City :  State: Country: OPassenger  City :  State:</td> <td>ZIP: O Oth ZIP: O Oth ZIP:</td> <td>.her .her .her</td> <td>Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight</td> <td>Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious</td> <td>Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point</td> <td>Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point</td> <td>Restraints  Not Installed Installed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Installed Not Installed Not Installed Not Installed</td> <td>□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5,</td>	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Oth ZIP: O Oth ZIP:	.her .her .her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Installed Not Installed Not Installed Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5,	
Middle Initial:	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Last Name:         Last Name:         Last Name:         Last Name:	City : State: OPassenger City : State: OPassenger City : City : State: State:	ZIP: O Otl ZIP: O Otl ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown	Injury None 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 OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype 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 Lap Only O 3-point O Lap Only O 3-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point	Restraints  Not Installed  Not Deployed  Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Deployed Unknown	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Last Name:       Country:       ORight       OSerious       O3-point       O3-point       Image: Oserious       Image: Oserious       O3-point       Image: Oserious       Oserious       O4-point       Image: Oserious       Oserious       O4-point       Image: Oserious       Oceritation       Image: Oserious       Os	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         OCrew         OCrew         OCrew	City : State: OPassenger City : State: Country: OPassenger City : State: Country: OPassenger	ZIP: O Otl ZIP: ZIP: ZIP:	her her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row:	Injury None 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 O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Yype 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 Unknown Used	Restraints  Not Installed  Not Deployed  Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Deployed Unknown	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
OCrew OPassenger OOther Row: OUnknown Of ata OS-point OS-point OS-point OS-point OLap-Held	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : State: OPassenger City : State: OPassenger City : State: OPassenger City : OPassenger City :	ZIP: O Otl ZIP: ZIP: ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft	Injury None Minor 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 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 O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-point	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints  Not Installed  Not Deployed  Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Unknown         □ Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown	
	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : State: OPassenger City : State: OPassenger City : State: Country: OPassenger City : City : City : State:	ZIP: O Oth ZIP: ZIP: O Oth ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor 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 O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-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 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Unknown         □ Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown	

<b>FLIGHT ITINERARY I</b>	NFORMATION	١							
Last Departure Point	Tim	e of Departure	Destinatio	n		Type Fligh	nt Plan Filed		
Airport ID: KJVY		10.00	Airport ID:	KIMS		• None	<b>O</b> VFR/IFR		
City: Sellersburg	Time	16:20	City: Mad	ison		O Company			
State: IN		Zone: EST	State: IN			O Military	VFR <b>O</b> Unknown		
Country: United States				Inited States		-	OYes ⊙No OUnknown		
Type of ATC Clearance/Serv	vice (Check all that a	applv)							
••	Special VFR		cial IFR		UVFR Flight Follo	owing	Cruise		
	IFR		R On Top		Traffic Advisory	, C	🗖 Unknown / NA		
Airspace where the accident	/incident occurred						Altitude of In-Flight		
	Class G		itary Operations				Occurrence:		
	Demo Area Warning Area		port Advisory A Training Area	rea	Air Traffic Contr	ol Area	819.1 ft msl		
	Prohibited Area								
Class E	Restricted Area	🗖 FAI	R 93						
WEATHER INFORMA	TION AT THE	ACCIDEN	<b>T/INCIDEN</b>	T SITE		<u>_</u>			
Source of Pilot Weather Info	ormation			Weather Ob	servation Facility				
(Check all that apply)	Com			Facility ID: K	MS				
National Weather Service Flight Service Station	☐ Com			Observation Ti	me: <u>2135 Zulu / 1</u>	635 local			
TV/Radio	Inter	•		Time Zone: E	astern				
Automated Report	□ None				Accident Site: 0		nm		
□ Commercial Weather Service ( □ On-Board Weather	(DUATS) 🗖 Unkt	nown			Accident Site: N/A				
Basic Conditions		Light Conditi	on						
<b>O</b> VMC		<b>O</b> Dawn	ODusk	<b>O</b> Dark	Night <b>O</b> Un	known			
OIMC		ODay	ONight		ht Night				
<b>O</b> Unknown									
Sky/Lowest Cloud Condition		Ceiling	_		<b>Temperature:</b>	14	(C) or <u>57.2</u> (F)		
	) Thin Broken ) Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point: 1	((	C) or(F)		
	Unknown	O Broken O Overcast		Unknown					
• Scattered		-	-		Altimeter Setting: <u>29.73</u> in Hg or MB				
Lowest Cloud Condition He	ight	Ceiling Heigh	t		İ	01	IVID		
5500	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	🗖 Calm		🗖 Not Gustir	ng	RVR	:			
	Light and Varia	ble			RVV		miles		
-or- Direction: 250 degrees true	-or- Speed: 18	kts	-or- Speed: 25	kts					
0	· -		•	Kt5	Density Altitud	-	ft		
Intensity of Precipitation	Type of Precipita			a Dain	None	visibility (C	Check all that apply)		
O Light O Moderate	☑ None □ Rain	<ul> <li>Drizzle</li> <li>Ice Pellets</li> </ul>	□ Freezing □ Snow S		Blowing Du		Ground Fog		
OHeavy	$\Box$ Snow	Snow Pellet			Blowing Sa	nd 🗖 H	Haze		
ON/A	Hail	Snow Grain	-	g Drizzle	Blowing Sn		ce Fog		
OUnknown	□ Rain Showers	□ Ice Crystals			□ Blowing Sp. □ Dust	· —	Smoke Unknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)	Severity		
• None • N/A		• None	O N/A		None		✓ Light		
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air	iced	☐ Moderate ☐ Severe		
O Moderate O Mixed		O Moderate	O Mixe				Extreme		
O Severe O Unknow	n	O Severe	<b>O</b> Unkr	iown					
<b>O</b> Unknown		<b>O</b> Unknown							
NOTAMs (D and FDC), A	IRMETs, SIGN	IETs, PIREPs	s in effect at	the time of th	ne accident/incio	lent:			
N/A									

#### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None O

O Minor

geAircraft FireImage: SubstantialImage: NoneImage: DestroyedImage: SubstantialImage: UnknownImage: One-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)

### 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.

The following statement was provided to the FAA regarding the accident:

On 03/03/2020 at approximately 17:06 hours (EST) I was involved in a non-injury aviation accident at KIMS causing structural damage to the aircraft. The circumstances are as follows:

My student, Dalton Lawver, and I left KJVY at approximately 16:30 hours (EST) in N5815E, a Cessna 172M, a teaching / rental aircraft operated by Honaker Aviation. Dalton was in the left seat as the student and I was in the right seat as the CFI and PIC. No anomalies or issues were encountered during preflight procedures. We headed northeast, climbed to 5500', then started our descent toward KIMS to practice crosswind approaches on Runway 21 with winds, based on the AWOS broadcast and tablet weather apps, out of 250 degrees. After establishing ourselves in the pattern, I had Dalton conduct two low approaches without touchdown, coupled with a go around, on Runway 21 to show the crosswind crabbing technique. On the third approach, I told Dalton that we would land on the Runway and I took the airplane controls at approximately 150' above the surface. Shortly before touchdown, I noticed the wind sock on the west side of the field change from a quartering headwind to a direct crosswind. Upon touchdown we incurred a bounce, a second touchdown, and then the aircraft started to rotate right, being wing low on the left side. Opposing left rudder was applied but did not stop the rotation. We went off the west (right) edge of the runway, and encountered soft muddy ground. The nose wheel of the aircraft dug into the surface and we flipped, landing upside down facing northeast approximately 8 feet from the edge of the runway. The airport manager, Brent Spry, immediately responded to the accident to assist with shutdown and egress procedures. Local law enforcement also responded to the scene. The FAA was notified by phone at approximately 17:34 hours (EST). Todd Harwood

Additional information to add to the report is as follows:

ASOS information was obtained for KIMS, prior to the 27 NM flight, through weather apps at approximately 15:00 hours (EST) and in flight at approximately 16:35 hours. Based on the information, gusting winds were expected out of 250 degrees. Light turbulence was encountered within the first 3000', but appeared to dissipate upon reaching 5,500.

On a personal note: Based on seeing the wind sock change from a quartering headwind to a direct crosswind, just prior to touchdown, I should have initiated an immediate go around instead of attempting to land the plane. I had to make several power adjustments to provide stability and was utilizing a large amount of aileron correction for the crabbing technique. Additionally, I had put in minimal flaps, but I shouldn't have used any due to the gusting conditions. Based on the expected wind conditions, the flight should have been cancelled or departure delayed for a couple of hours for the gust factor to alleviate. If putting my student in a crosswind situation, I should have also utilized KLOU (Runway 24) instead of KIMS (Runway 21) where the winds would have been more aligned with the runway increasing safety for myself and the young student pilot. Aviation safety is paramount to pilots and the students we teach. This accident has affected the way I fly, the way I teach, and my entire decision making process in both my personal life and aviation career. The choice as to "go or no go" is the most vital one we can make in teaching. In this case, the decision should have been no.

Todd Harwood

RECOMMENDATION (How could t	his accident/incident ha	ve been prevented?	?)		
Operator/Owner Safety Recommendation	1				
Please see the above narrative					
MECHANICAL MALFUNCTIO		e space is needed, o	continue on sepa	rate sheet)	
<b>Was there Mechanical Malfunction/Fa</b> ( <i>If yes, list the name of the part, manufacturer,</i>		scribe the failure.)			Total Time/Cycles On Part
N/A					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORM					
<b>Fuel on Board at Last Takeoff</b> (Convert from pounds, as necessary)	<b>Fuel Type</b> <b>O</b> 80/87	O 115/145	<b>O</b> Jet B	O Other, specify	
42 Gallons	<ul> <li>100 Low Lead</li> <li>100/130</li> </ul>	O Jet A O Jet A-1	O JP8 O Automotive		
Other Services, if Any, Prior to Depart		•	•		
N/A					
<b>EVACUATION OF AIRCRAFT</b>					
Was an emergency evacuation of the a	ircraft performed?	🗆 Yes 🛛 No			
Method of Exit – Describe how the occu	pants exited and how ma	any occupants evacua	ted each location		
Both Pilot and student were able to e	xit through their respec	ctive doors on the a	iircraft.		
OTHER AIRCRAFT – COLLIS	ION (If air or ground of	collision occurred, o	complete this sec		•
÷					nage to Other Aircraft         Destroyed       Image Minor
	:			□ S	ubstantial 🔲 None
Registered Owner of Other Aircraft			of Other Aircraft		
Name:		City:			
State:ZIP:		State:		ZIP:	
Country:		Countr	ry:		

# 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	Name of l	Pilot/Operator: <u>Todd M. Harwood</u>									
03/17/2020											
mm/dd/yyyy	<i>mm/dd/yyyy or</i> Check here to electronically sign this document										
If a Person Other the	If a Person Other than Pilot/Operator is Filing Report										
Name:				Title:							
	or Check here to electronically sign this document										
FOR NTSB USE ONLY											
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investig	ator	Date Report Received						
CEN20CA112		CEN	HICKS		17MAR2020						