## Completed by MATT C-Pilot

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

DAG	IO DECEM	ATTIONS	isea for re				c aircraft	accide	nts ar	nd inci	dents	
	IC INFORM	Company of the State of the Sta						be notes				
Nearest	ent/Incident Lo City/Place: _()( 2 1 8 \\ e: _3 8 . 3 \ 0	Country:	Longitude:	15,123	State:	Maryland	Accident/Incl Date: () Z mm/c		52° L		11:2 EST	
DAV-			degrees;minutes:s	- 22			Collision with	Other Air	rcraft;	O Midair	OOn-gro	und <b>②</b> None
AIRC	RAFT INFO	RMATIC	N.									19 and the
Regist Manuf	ration Number:	NS 27	32				<b>⊞</b> IFR-Equi □ Commerc	ial Space Fi				
Model	17256	SKVh	aw K				Unmanne					
Serial 1	Number:						Maximum G					
Year o	f Manufacture:						Weight at Ti	ne of Accid	dent/Inci	ident:		Ibs
	ur-Built: OYes	if Yes:	O Kit/Plans Mi	ake:			Number of Sea	its:		Flight Co Passenge	rew Seats: er Seats:	2
Catego	ory of Aircraft		irworthiness C		-	T 11 6	Number of E	ngines:			V .	
<ul><li>Airpl</li><li>Ballo</li></ul>	ane  pon  p/Dirigible  r  plane  opter  rred Lift  et	Check all I	that apply)  d Special al Restriation Limits on Provisi tuter Special ort Experi	cted cd ional il Flight il men al il Light-Spo men al Lig men al Lig	ort ht-Sport	☐ Tricycle ☐ Amphibian ☐ Emergency ☐ Float ☐ Hull	apply) etractable  T  H  Float  S  S  ch/Recovery Sys	ki ki/Wheel stem	Rec O Turk O Turk O Turk O Turk O Elec	oo Fan tric stem Type	OLiqi OSoli OHyb ONon OUnk	nown
				O ARABITA	Г—— <sup>І</sup>	☐ None	Date	nknown Rated Pow	er	Total	Time	Since:
Engine Eng. 1	Engine Manufa	cturer	Engine Model/Series	24	Manufa Serial N	icturer's lumber	of Mfg. mm/dd/yyyy	O Horsep O lbs of	ower or			Overhaul (hours)
Eng. 2	1712 19			Δ-1								
Eng. 3												
Eng. 4												
Cast In O100-Ho O AAIP O Annua	OCond	nuous Airwo itional Inspec own	rthiness tion	Propeller 1 Fixed Pite OControllat OGround Ad			llable Pitch Adjustable  Manufacturer:  OFficed Field OControllable Pitch OGround Adjustable					
Date La	st Inspection:					<b>A</b> V <b>A</b> V		Mode				
hour	ne Total Time: s measured at (Se ast Inspection	lect one)	hrs coldent/Incident	ELT Installed: Yes ON  If Ies:  ELI Manufacturer:  Mccel or Part No.:			No  Additional Equipment (Check all that apply)  ADS-B  Airframe Parachute  Angle of Attack Indicator				t apply)	
O Annua O Condi O Manu O Other O Contir O Other,	tional (Amateur-b facturer's Inspection Approved Inspection auous Airworthine specify:	uilt only) on Program ion Program ( ss	AAIP)	Was ELT Was ELT Did ELT If zetival Did ELT	OC126 'still mou 'still conr Activate? ted: Ald in Lo	121.5 MHz) OC (406 MHz) unted in aircraft? nected to antenna OYes ONo	C91a (121.5 MHz)  Data Recorder Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display			vice		
O None O Speci		inguishing	System	If not acc		□ Impact Dama, □ Fire Damage □ Battery Expire □ Unknown		□Vide	Warning o Recordi r, Specify	ng Device		

OWNER/OPERATOR INFORM	ATION	a System				
Registered Aircraft Owner						
Name:			City:			
Fractional Ownership Aircraft: O Yes O	) No		State:	ZIP;		
			Country:			
Operator of Aircraft			Same Address as Registered Owner	r		
Name: Matthew Co	orica		City: Mastic			
Doing Busiliess As;			State: N.Y.			
Air Carrier/Operator Designator (4 Charact	er Code);		Country: united	States		
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder	Revenue Operation for FAR 12 (Select one for each group)			
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129)	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	431	O Scheduled or Commuter O Non-Scheduled or Air Taxi O Passenger	O Domestic O International		
☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	O FAR 91 & pecial Flight O Non-US, Commercial O Non-US, Pon-commercial		O Passenger O Cargo O Mail Contract Only			
□Commercial Air Tour (FAR 136) □Agricultural Aircraft (FAR 137) □Pilot School (FAR 141)	OPublic Ai traft (Select one) O Armed Forces		Purpose of Flight for FAR 91, 10 (Select one)	03, 133, 137		
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Federal O State O Loca O Unknown		OBusiness OPerson OExecutive/Corporate OPosition	Test Tow Stional Work Use al		
Revenue Sightseeing Flight  O Yes  No	Air Medical Flight		O External Load O Skydiv			
	O Yes 🕟 No		-			
AIRPORT INFORMATION (FIII In I	f accident/ir cident occurred on app	proach	ı, landing, takeoff, departure, or w	ithin 3 miles of an airport)		
Airport Name: Ocean City. Airport Identifier: KoxB	municipal airport	Dist	tance From Airport Center:	sm		
Proximity to Airport: O Off Airport/Airstrip	On Air=ort/Airstrip ON/A	Direction From Airport:				
	O THE STATE OF THE	Airport Elevation: 12 ft, msl				
Runway Information  Runway ID: / 40 (L/R/C) Length: 4  Runway/Landing Surface (Check all that ap  Asphalt Grass/Turf Macad  Concrete Gravel Metal  Dirt Gree Snow	pply) dam	Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet				
□ Dirt □ Ice □ Snow	□ Unknown		ush-Covered	□ Unknown		
Approach/Departure Segment (Select one)						
OTaxi OVFR Departure OTakeoff OIFR Departure Proces	OOn Instrument App dure/Clearanc : OLanding	roach	ODownwind OLow App OBase OGo Aroun OFinal Aborted I	nd Landing (after touchdown)		
			OCrosswind OUnknown	n		
IFR Approach (Check all that apply)		VFR	Approach (Check all that apply)	n		
	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknown	□ No. □ Tra ■ Str. □ Vai □ Go	Approach (Check all that apply) one affic Pattern raight-In illey/Terrain Following	Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing		

# MATT C-Pilot

"FLIGHT CREWME	MBER 1" INF	MBER 1" INFORMATION									
"Flight Crewmember 1"	Responsibilities at	the Time of	Accident/I	ncident	EDASCINITES/		district the same			er in	
O Filot O Co-Pilot	Student Pilot	O Flign I	nstructor	O Check Pilot	O Fi	ight Enginee	r <b>O</b> Othe	r Flight Crew	,		
"Flight Crewmember 1"		Yes Di	lo								
"Flight Crewmember 1"	ldentification										
First Name: Max	thew				City of F	Residence:	Na	1:40			
Middle Initial:	_				City of Residence:						
Last Name:Cors	Ca				Country	152.11	0.51.04	States	750	_	
Age at time	of Accident/Inciden	ıt: 37	Date of	Birth:	Country		mm/dd/yyyy	5+11409		-	
		- / -	rtificate Nu	5.27		_	univace yyyy				
Degree of Injury	Seat Occupie			-	straint T				7 (1 ) )		
None O Fatal O Minor O Unknown	<b>●</b> Left	O Fronc	O Unkno		Availab	• •	T1 1		inilatable	Restraints	
O Serious_	O Unknown O Right O Rear O Center O Sing 6				O None O None Not Installed						
Pilot Certificate(s) (Check all that apply)				O Lap		OLap or		☐ Install	ed		
□ None □ Flight Instructor ■ Commercial □ LIS Militery			filitary	<ul><li>3-po</li><li>4-po</li></ul>		Ø3-poin Ø4-poin		☐ Not D☐ Deplo			
☐ Private ☐ Recre	Recreational Airline Transport Foreign				O 5-point O 5-point Unknown O Unknown						
	. ⊔ r	☐ Flight Engireer			Опк	nown	Ounkho	own			
Principal Occupation	Medical Certifica	ite		Me	dical Ce	rtificate V	alidity		Date of La	st Medical	
Pilot O Other		Class 3		0	Without li	mitations/wa	ivers 🔘	Unknown		191	
O Unknown	O Class 2	Driver's L cen Unknown	ise (Sport Pilo		With limit Special Iss	ations/waive	rs O1	N/A	62/1	3/2020	
Medical Certificate Limita					apeoin 132	SUMITOR			minraary	9999	
Must wear corrective IENSES											
Madical Cartificate Small I											
Medical Certificate Special Issuance											
Date of Last Flight Review											
or Equivalent, Including		Flight	Review Aire	eraft							
FAR 121/135 Checks:		MaLı;			2						
	mm/dd/yyyy	Mocul:									
Airplane Rating(s) (Check all that apply)	Other Aircraft 1 (Check all that app	Rating(s]		ent Rating(s)	=						
☐ None	□ None	יייי	Check al	l that apply)	(Check all that apply)						
Single-Engine Land	Airship Airship		☐ Airpla		☐ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicon					Airplane	
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		■ Helico	pler	☐ Airplane Multi-Engine ☐ Helicopter				riencopiei		
☐ Multiengine Sea	Gyroplane		Power	ea Litt		Gyropli Powere			] Glider ] Sport		
	Helicopter Powered Lift						u Dili		эрон		
Type Ratings	ronoien bitt					Student I	adoreom	nts (Include	d_41		
						Student I	snuorsemei	its (include	dates)		
THE R. P. L.	T		Airplane								
Flight Time (Enter appropriate number of hours in each box)		This Make	Single	Alrpiane			rument			Lighter	
Total Time	Alreraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Pilot in Command (PIC)	350				-	-					
Time as Instructor	2,00										
		100			L						
This Make/Model								E H HEXWORK	<b>持有利性</b>		
	25										
This Make/Model	25										



"FLIGHT CREWMEN	ABER 2" INFO	RMATIC	)Ni	0.69, 0.0	(VALEATE)	1. 美	10 50 00 10	Mark Street	What Was	AND ENVIOLEN	electeris	
"Flight Crewmember 2" R	rewmember 2" Responsibilities at the Time of Accident/Inci					101113	The state of	Partie de la		Tell Miles (A)		
OPIIOT OCO-PIIOT	O Student Pilot	OFligat.In	structor (	OCheck P	ilot O	Flight	Engineer	OOther	Flight Crew			
"Flight Crewmember 2" w		Yes 🔲	No						_			
"Flight Crewmember 2" Id	lentification											
First Name:					City of	Danie	Hanaai					
Middle Initial:					City Ut	ICOSIC	ience					
Last Name:												
					Country	/:						
/ igo at time of	Accident/Incident:						m	m/dd/yyyy				
Dogues of India	1		ificate Num	ber:								
Degree of Injury O None O Fatal	Seat Occupled				Restraint	Тур	e			Inflatable	Restraints	
O Minor O Unknown	O Left O Right	OFron. ORear	OUnkno	wn	Availa	able		Used				
O Serious O Center O Sing e				ONG			O None		□ Not In			
Pilot Certificate(s) (Check all that apply)				2:	O Lap only O Lap only Installed O 3-point O 3-point Not Deployed							
□ None □ Flight Instructor □ Commercial □ US Military				O 4-point O 4-point Deployed O 5-point O 5-point Unknown					/ed			
☐ Private     ☐ Recreational     ☐ Airline Transport     ☐ Foreign       ☐ Student     ☐ Sport     ☐ Flight Engireer			gn		point 1know	/n	O 5-point O Unkno		Unkno	wn		
								Ommino	""			
	Medical Certificat	e			Medical (	Certif	ficate Va	lidity		Date of La	st Medical	
II II		lass 3			O Without	limite	ations/wai	vers O	Jnknown			
	O Class 1 O Driver's L cense (Sport Pilot only) O Class 2 O Unknown			t only)	O With lim O Special	nitatio Tecnar	ns/waiver	rs 0 1	₹/A	min/dd/yyyy		
Medical Certificate Limitations				O Special Issuance muracity yyy					<i>УУУ</i>			
A second												
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Medical Certificate Special	Issuance		1									
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			1									
Date of Last Flight Review		Flight F	Review Airc	eraft								
or Equivalent, Including FAR 121/135 Checks:		Male;	1									
	mm/dd/yyyy											
Airplane Rating(s)	Other Aircraft R		T	ent Ratir	Rating(s) Instructor Rating(s)							
(Check all that apply)	(Check all that appl	01	(Check all	l that apply	ating(s) Instructor Rating(s)  apply) (Check all that apply)							
<ul><li>☐ None</li><li>☐ Single-Engine Land</li></ul>	None		None	1	☐ None ☐ Instrument Airplan					virolane:		
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla☐ Helico		☐ Airplane Single-Engine ☐ Instrument Heli							
Multiengine Land	Glider		Power		☐ Airplane Multi-Engine ☐ Heliconter							
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter				1		Powered	Lift		Sport		
	☐ Powered Lift				1							
Type Ratings					/	St	udent Er	ndorsemen	ts (Include o	lates)		
					1					,		
						1						
	9					1						
7						3	1					
Flight Time (Enter appropriate			Airplane		T	1	1			-		
number of hours in each box)		hls Make & Model	Single	Alrpiar Multleng		🕇	1	rument			Lighter	
Total Time	Tancian C		Engine	aranteng	lne Nigi	int	Actual	Simulated	Rotorcraft	Glider	Than Air	
Pilot in Command (PIC)						-						
Time as Instructor								B -				
This Make/Model	May a Valle	1000	W SWAS			$\dashv$		1	A PARIL			
Last 90 Days									neral schiza		and the state of the state of	
Last 30 Days						_		11				



ADDITIONAL FLI	GHT CREWMEN	/BERS	(Exclus	ve of cabin c	rew, complet	te the following	ng Information	)	
Crew Name and Add				AND THE PROPERTY OF THE PARTY O			Seat Occup		Tetano
First Name:		Cit	y of Resid	ence;			O Left	O Front	Injury O None
Middle Initial:					ZIP:		O Center	O Rear	O Minor
1							O Right	O Single O Unknown	O Serious
			1,100			-		Othkhown	O Fatal O Unknown
Pilot Certificate(s) (6	Check all that apply)						Restraint T		Inflatable
☐ None ☐ Private	Flight Instructor		mmeccial		S Military		Available O None	Used O None	Restraints
Student	☐ Recreational☐ Sport		line Trans ght ∃ngin		oreign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
			T				O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endorse				light Time a			O 5-point	O 5-point	□ Deployed □ Unknown
Accident/Incident Ai	reraft?	□ No	ofthis	Accident/Inc	ident:	hrs	O Unknown	O Unknown	- CHRIOTH
Crew Name and Add	wood		DEC MA	Lauring				T. 100 (1) 122 (1) 100	
First Name:		City	of Pacid	anoa!			Seat Occupi	O Front	Injury
Middle Initial:		( ·			ZIP;		OLeft OCenter	O Rear	O None O Minor
Last Name:		A			ZII ,		ORight	O Single O Unknown	O Serious
		_/						Genmanonin	O Fatal O Unknown
Pilot Certificate(s) (C	theck all that apply)	1					Restraint Ty	•	Inflatable
☐ None ☐ Private	☐ Flight Instructor☐ Recreational		nmeroial line Trans		Military		Available O None	Used O None	Restraints
☐ Student	Sport		ine rians sht <b>En</b> gine		reign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
Type Rating/Endorse	ment for		-		. 11 PPU		O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed
Accident/Incident Air		□No		light Time a Accident/Inci		il	O 5-point	O 5-point	<ul><li>□ Deployed</li><li>□ Unknown</li></ul>
PASSENGER(S) /		NNEL (	inc ude	cabin crew; c	ontinue on s	hrs eparate shee	O Unknown	O Unknown	
Name and Address	72.00m			1./				Inflatable	
				Seat	Injury	Restraint T		Restraints	Age
First Name;	City !			OLeft	ONone	Available O None	Used O None	☐ Not Installed	
Middle Initial:				OCenter	O Minor	OLap Only O3-point	O Lap Only O 3-point	☐ Installed	☐ Under 5 years
Last Name:	Country:			ORight OUnknown	O Serious O Fatal	O4-point	O 4-point	☐ Not Deployed ☐ Deployed	If Under 5,  O Child Restraint
<b>O</b> Crew	OPassenger	OOt	her	Row:	OUnknown	O5-point OUnknown	O 5-point O Unknown	Unknown	O Lap-Held
P'			-			Available	Used		O Unknown
First Name:				OLeft	ONone	ONone	O None	☐ Not Installed	☐ Under 5 years
Middle Initial:		62.		OCenter ORight	O Minor O Serious	O Lap Only O3-point	O Lap Only O 3-point	☐ Installed ☐ Not Deployed	
Last Name:	Country:			OUnknown	OFatal	O4-point	O 4-point	Deployed	O Child Restraint
Crew	OPassenger	<b>O</b> Ot	her	Row:	OUnknown	O 5-point OUnknown	O 5-point O Unknown	Unknown	O Lap-Held O Unknown
First Name:	City					Available	Used O None		Common
Middle Initial:				OLeft OCenter	O None O Minor	ONone OLap Only	O Nonè O Lap Only	☐ Not Installed	☐Under 5 years
Last Name:				ORight	O Serious	O3-point	O 3-point	☐Installed ☐Not Deployed	If Under 5,
O Crew				OUnknown	O Fatal O Unknown	O 4-point O 5-point	O 4-point O 5-point	☐ Deployed ☐ Unknown	O Child Restraint
Ociew	OPassenger	OOtl	ner	Row:		OUnknown	O Unknown		O Lap-Held O Unknown
First Name:	City :			<b>0</b> 1 0		Available	Used		
Middle Initial:					O None O Minor	OLap Only	O Lap Only	☐ Not Installed ☐ Installed	☐ Under 5 years
Last Name:				ORight	O Serious	O3-point	O 3-point	☐ Not Deployed	If Under 5,
<b>O</b> Crew	OPassenger	O Oth		Row:	OUnknown	O 5-point O Unknown	O 5-point O Unknown	☐ Deployed ☐ Unknown	O Lap-Held
Last Name:	State:  Country:	ZIP:		OLeft OCenter ORight OUnknown	O Serious O Fatal	Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed	☐ Under 5 years  If Under 5,  ○ Child Restraint

MATT C-Prot

FLIGHT ITINERARY IN	FORMATIC	)N				The Keylou as a second	MAPS STATE	(6 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
Last Departure Point Airport ID: KWWD City: Wildwood State: New Jersey Country: United State	Airport ID: KWWD  City: Wildwood  State: New Dersey  Country: United States  Time: 10:40 and  Time Zone: EST  Type of ATC Clearance/Service (Check all that apply)			Destination Airport ID: KOXB City: Ocean CILY State: Maryland Country: United States			y VFR VFR	led O VFR/IFR O IFR O Unknown ONo OUnk	
None Sp  VFR □ IF  Airspace where the accident/in	pecial VFR R	□ Sp	pecial IFR FR On Top		✓ VFR Flight Follo ☐ Traffic Advisory	owing	☐ Cruise ☐ Unkno		
☐ Class A ☐ Class B ☐ De. ☐ Class C ☐ Wa ☐ Class D ☐ Pro ☐ Class E ☐ Res	ass G mo Area arning Area phibited Area stricted Area	☐ Mi ☐ Aii ☐ Jet ☐ TR ☐ FA	litary Operations rport Advisory A Training Area SA R 93	rea	□Special □Air Traffic Contro □Unknown	ol Area	Altitude Occurre		
WEATHER INFORMATI	ON AT THE	E ACC DEN	T/INCIDEN	IT SITE				Alegaety, gr	W.
Source of Pilot Weather Inform (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUS) On-Board Weather	☐ Com ☐ Milli ☐ Inter	tary net		Facility ID: Observation Till Time Zone: Distance from A	me:Accident Site:				
Basic Conditions  WMC OIMC OUNknown		Light Conditi ODav Day	ion ODusk ONight	ODark OBrigh			degrees tr	ie ie	
Sky/Lowest Cloud Condition O Clear O Few O Th O Partial Obscuration O Scattered Lowest Cloud Condition Height	Ceiling O None (Clear) O Obscured Brown O Indefinite O Overcast O Unknown  Ceiling Height 4/000 ft agl			Temperature:					
Variable  -or- Direction: 130 degrees true Sp  Intensity of Precipitation Ty  Light	/ind Speed    Calm   Light and Variated	kts  tion (C≥ck all the Drizzle □ Ice Pellets □ Snew Pellets □ Snew Grains	☐ Freezing ☐ Snow Sh ☐ Ice Pelle	kts  Rain tower ts Shower	RVR:	isibility (Che   Fog   Gro   Haz   Ice	feet miles ft ft geck all that g pund Fog ze Fog	apply)	
Icing Forecast  Amount  Type  None  N/A  Trace  Clight  Moderate  Severe  Unknown		Icing Actual Amount None O Trace O Light O Mc derate O Semere O Un-nown	Type O N/A O Rime O Clear O Mixed O Unkno	own	☐ Blowing Spray ☐ Dust  Turbulence Type (Check all t ☑ None ☐ Clear Air ☐ Terrain-Induce ☐ Convective Tu	Unl	Severi   Ligh   Mod   Severi   Mod   Severi   Extr	nl derate ere	
NOTAMS (D and FDC), AIRM Talle OFF minim 12/5/2019 - 6/5/2	1209 AMD	ETS, FIREPS 11 met -	in effect at the	he time of the	accident/incider 20	nt:			

### MATT C-Pilot

### DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion O None Substantial None O Both Ground and In-Flight None O Both Ground and In-Flight O Minor O Destroyed O In-Flight O Fire at Unknown Time O In-Flight O Explosion at Unknown Time O Unknown **O** Unknown O On-Ground On-Ground O Unknown

Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)
but prope, but Frank M note orth, (coshed note forelage
Damage on left wing.

### NARRATIVE HISTORY OF FLIGHT (Please type or print in link)

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 s zets if needed. State departure time and and location, services obtained, and intended destination, Provide as much detail as possible. on 03/12/2020 the at 09.25 AM EST I departed KTTN solo after obtaining weather, weight and bulence and feel, and noted TER's, this was my First Coss country solo Flight, work my three take OFFS and landings were planted as KTTN, Kwwo, KoxB, KTTN. of the departing KTTN I agrired Flight-Following. I held the spock (ode as I performed my first approach and landing into wwo, after a taxi back and take off I came but of with Acy approach and stayed with approach watil I was given a Frequery change for OXB, AS I approached OXB. I was I'ved up for an extended lest base for Rwy 140. I noticed herryptotrafic on a 3 mile find for Rup 140, we had visued as each of the and were commicting. I believe they were shooting the GNAVHO so adjusted my heading to me well and come in weekind them. At aprox 19/4 rice short find I noticed a very large frock of large black birds of the 1eft Side of the runway some altitude 150, By was so' some or the birds started to nove our me (my missed affect (go around (bith)) So at this point I could not execute a go around. Around 30' some of the bird's come into my first path and I did hear a third noise. I attempted to pitch the avoid the bird strike by pitching down and doing so my airspea incressed to 75-soris. by the time I was 15' off the ground, I did not fell like I was in a sofe position to lond based on my air speld so I initiated a go around. After applying full power and adjusting Frages I did not feel Title I was climbing and I tached down the main year on the runway, at this point I punis the power to idle and applied the brookers portion I eventually went off the romany-

### MATT C-Plot

RECOMMENDATION (How could this accident/ir cident have been prevented?)  Operator/Owner Safety Recommendation  ICOUND Month Institute at golvoord as soon as I spotted the birds near the Continue of the provided that the birds near the Continue of the provided that the birds near the weart at Eacter backle on their Ioo (aton celetics to my first).  MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)  Was there Mechanical Malfunction/Failure?
Was there Mechanical Malfunction/Failure?
On Part    Cycle   Time Since This Pa
Hour
FUEL & SERVICES INFORMATION
Fuel on Board at Last Takcoff (Convert from pounds, as necessary)  O 80/87  O 115/145  O Jet B O Other, specify  100 Lo-, Lead O Jet A O JP8 O 100/136  O Jet A-1  O Automotive
TVACHATION OF ALCOHOL
EVACUATION OF AIRCRAFT
Was an emergency evacuation of the aircraft performed? Yes No  Method of Exit - Describe how the occupants exited and how many occupants evacuated each location  I exited out of the crypt door,
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred complete this coefficients of the control of the control of the coefficients of the control of the coefficients of the coe
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)  Aircraft Registration Number   Manufacturer:   Damage to Other Aircraft   Model:   Model:   Destroyed   Minor   Destroyed   Minor   Destroyed   Minor   Destroyed   Minor   Destroyed   Minor   Destroyed   Minor   Destroyed   Des
Aircraft Registration Number   Manufacturer: Damage to Other Aircraft
Aircraft Registration Number    Manufacturer:   Damage to Other Aircraft   Destroyed   Minor   Substantial   None

### MATTC-Pilot

ADDITIONAL INFOR	MATION (Please type or pair	atilin lists		The state of the s	
Use this space if addition	al space is needed for any answard	ers.			
pg 9 Marratice	Ditto for flight	) (a) (c)	ed bald the	e airc	yet appeal
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	7747				
HEREBY CERTIFY THA	T THE ABOVE INFORMATION	ON IS COMPLI	ETE AND ACCURATE TO TH	HE BEST OF I	NY KNOWLEDGE
Date of this Report   Nam	e of Pilot/Operator: 14.4	they !	rocita		
03/12/2020 Signs	ature:				
0	r Check here to elector	nically sign this o	locument		
	t/Operator is Filing Report				
Name:					
Signature:					
or Check he	ere to electronically sign this doc	cument			
MTCD Analds (77 At		FOR NTSB U			
NTSB Accident/Incident No ERA20CA141	Proviewed by NTSB Region ERA	ional Office	Name of Investigator Eric Gutierrez		Date Report Received
			Life Gatteriez		4/9/2020

Completed by IFG-MX

# 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 INFORMA	ATION			11 119		Jan.	70 T 70	mide H			ATTENDED TO	
Accident/Incident Loc	ation					Ac	cident/Incid	lent Date/T	lime			
Nearest City/Place:				_State: _	MO	Da	te: 3/12	2020	Lo	cal Time:		
ZIP: 21311	Country:						mm/de					
Latitude:		Longitude:			3				Ti	me Zone:		<del></del> 5
(Enter in decim	al degrees or a	degrees:minutes:se	conds)			Co	ollision with	Other Air	craft: (	) Midair	OOn-grout	nd O None
AIRCRAFT INFO	RMATIO	N							1979			Maria Mari
Registration Number:	N.52	238					NIFR-Equip					
Manufacturer:		_					☐ Commerci ☐ Unmanned		ght			
Model: 1725						_	 laximum Gr		 f:		lhs	
Serial Number:	0870						eight at Tin					lbs
Year of Manufacture:	2005	?					umber of Se					
Amateur-Built: OYe	s If Yes:	OKit/Plans Ma	ke:				ibin Crew Sea					
Original Design						umber of En						
Category of Aircraft	Type of A	irworthiness Co	ertificete		Landing Ge				Engin	e Type (Se	elect one)	
Airplane OBalloon	(Check all i	hat apply)  d Special			(Check all the	•	,		Rec	iprocating		d Rocket
OBlimp/Dirigible	Norma		eted		_	Kett	ractable			oo Shaft oo Prop	_	Rocket id Rocket
OGlider	☐ Aerob				Tricycle		□13	ailwheel	OTurt		ONone	
O Gyroplane O Helicopter	☐ Balloc	_			Amphibia			igh Skid	O Turb		<b>O</b> Unkr	own
O Powered Lift	Trans				□Emergend □Float	су гі	loat SI		O Elec	tric		
ORocket	Utility	☐ Specia	l Light-Spo		Hull			ki/Wheel	Fuel Sv	stem Tyne	(Reciprocati	nal
OUltralight OUnknown		_	imental Light-Sport Other L			unch	/Recovery Sys	tem	OCarb		<b>S</b> Fuel-	_
O O MANOWII	☐Certificate ☐None		or Warver (COA) Unknown None					nknown			•	,
						T	Date	Rated Pow	er	Total	Time	Since:
Engine Manuf		Engine			acturer's	- 1	of Mfg.	Horsep	ower or	Time	Inspection	Overhaul
Engine Engine Manufa		Model/Series	12Δ		Number 32157-5	15	mm/dd/yyyy	O lbs of 7		(hours)	(hours)	(hours)
Eng. 1 Zycon on Eng. 2	<del>}</del>	10 300	LCF		2513 1.3	T		100		4015	33.2	653.1
Eng. 3						7						
Eng. 4												
Last Inspection Type			Propelle	er 1	Fixed P			Prope	ller 2	_	Fixed Pitch	Ditab
	tinuous Airwo				OControllable Pitch OControl OGround Adjustable OGround			Ground Adiu				
O AAIP O Con- O Annual O Unk	ditional Inspe	ction				Cauley Manufacturer:						
		- 202:2	Model: _	IAL	10E/JH	MA	7660	Mode	1:			
Date Last Inspection	mm/dd/yy		ELT Ins	stalled:	Teyes O	No		Additio	nal Equ	ipment (	Check all that	apply)
Airframe Total Time:	7767	. 50hrs	If Yes:					D ADS	S-B			
hours measured at (S	elect one)				er:			NONAng	rame Para	ichute ck Indicato	r	
O Last Inspection	Time of A	ccident/Incident	Model or		(121.5 MHz) <b>C</b>	200	10 (121 5 MH-	TS Ante	pilot			
Type of Maintenance	Program <i>(Se</i>	lect one)	150.10		(121.5 MHz) <b>(</b> 5 (406 MHz)	<b>)</b> C9.	1a (121.5 MITI	L Date	Recorde		Handheld De	uica
Annual			Was II I	•	unted in aircra	42	Yes ONo			iltifunction		VICE
O Conditional (Amateur-l O Manufacturer's Inspect					inected to anter			□Elec		mary Fligh	t Display	
O Other Approved Inspec		(AAIP)			? OYes O			⊔Han	dheld GP: ds Up Dis			
O Continuous Airworthin	ess	`	If activa				O., O.,	□ Onb	oard Wea			
O Other, specify:	.1		1		ocating Aircra	п: (	OYes ONo	□Sate	llite Tracl	king Device	3	
Description of Fire Ex O None	tinguishing	System	If nct ac		IIIIIIII D		-		Warning to Record	System ing Device		
Specify:			Indicate i	vusviii	☐ Impact Dar ☐ Fire Damas		5		er, Specify			
Hand held	2				☐ Battery Ex		d/Damaged					
1700 (C) 1/2/(C)	DIR CX				Unknown							

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OWNER/OPERATOR INFORMA	ATION						
Registered Aircraft Owner		City:					
Name:			ZIP:				
Fractional Ownership Aircraft: O Yes C	) No						
Operator of Aircraft	gistered Owner	Same Address as Registere	ed Owner				
Name: Indinity Flight Doing Business As:	LC.	City: Trenton	·				
Doing Business As:		State: NJ	ZIP: <u>VS628</u>				
Air Carrier/Operator Designator (4 Charact	er Code):	Country:	·				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for (Select one for each group)	FAR 121, 125, 129, 135				
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo	OFAR 91 OFAR 129 OFAR 0FAR 103 OFAR 133 OFAR 0FAR 121 OFAR 135 OFAR 0FAR 125 OFAR 137 OFAR	O Non-Scheduled or Air Ta					
☐ Foreign 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)	OPublic Aircrast (Select one)	Purpose of Flight for FA (Select one)	R 91, 103, 133, 137				
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	OFirefighting OUnknown OFlight Test OGlider Tow OInstructional OOther Work Use OPersonal OPositioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Ferry	OSkydiving				
O Yes No							
AIRPORT INFORMATION (Fill in if accident/inc dent occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)							
Airport Name: Ocean city Airport Identifier: OXB		Distance From Airport Cent	er: <u>0,5</u> sm				
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 9.843' ft. msl					
Runway Information		Condition of Runway/Landin	g Surface (Check all that apply)				
Runway ID:(L/R/C) Length:  Runway/Landing Surface (Check all that of the control of t	<i>pply)</i> dam □ Water //Wood	Dry	Dry Water-Glassy Wet Wet				
Approach/Departure Segment (Select one,							
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	edure/Clearance OOn Instrument Ap OLanding	OBase OFinal	Low Approach Go Around Aborted Landing (after touchdown) Unknown				
IFR Approach (Check all that apply)		FR Approach (Check all that	apply)				
□ None           □ ADF/NDB         □ PAR           □ SDF         □ Sidestep           □ VOR/TVOR         □ ILS           □ VOR/DME         □ Localizer Only           □ TACAN         □ LOC-back course           □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	]None ] Traffic Pattern ] Straight-In ] Valley/Terrain Following ] Go Around ] Full Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown				

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DAMAGE TO AIRCRAFT A	ND OTHER PR	OPERTY		
Aircraft Damage	Aircraft Fire		Aircraft Explosion	
O None O Substantial O Minor Substantial	O None O In-Flight	O Both Ground and In-Flight O Fire at Unknown Time	O None O In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time
O Unknown	O On-Ground	O Unknown	O On-Ground	O Unknown
Description of Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
B.H. WARE	ad Ti	PS, Nose Lone where wing h	١	
DOIN 2 11 33	, , , ,	13 ) loo de Land	and star	tire wall wrinkle
tusalax on les	h hand sum	L when wing h	int a last	Flap for wall
2		· ·		1, ("= 544)
NARRATIVE HISTORY OF FLI	GHT (Please hime o	e pelot le la V		
Describe what occurred in chronolo			ure of accident/incid	ant Describe terrain and include
wreckage distribution sketch if perting	ent. Attach extra shee	ets if needed. State departure time an	d and location, service	s obtained, and intended
destination. Provide as much detail as	possible.			
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