## 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	Contractory Contractory Stations		<u></u> j									
Accident/Incident Loc						Ac	cident/Incid	lent Date/]	Lime			
Nearest City/Place:				State:	EXAS			it 19, 2018		- 1 m <sup>2</sup>	8:19	
ZIP: 76048 (	Country: Unit	ted States			<u>ondo</u>	Da	mm/d	d/yyyy				
Latitude:		Longitude:	~~~~~	*					Ti	me Zone: 🤇	র্দার্হ	
(Enter in decima		legrees:minutes:sec				Co	llision with	Other Air	craft: <b>(</b>	<b>)</b> Midair	OOn-groun	d <b>O</b> None
AIRCRAFT INFO	RMATIO	N										
Registration Number:							🗖 IFR-Equi	oped and Ce	ertified			
Manufacturer: Cirrus			N				Commerci		ght			
Model: SR22T				S.		M	aximum Gi	oss Weigh	t:		lbs	
Serial Number: 1030							eight at Tir	-				lbs
Year of Manufacture:	2015						umber of Se					
Amateur-Built: OYes	If Yes: (	Kit/Plans Ma	ke:				bin Crew Sea					
<b>⊙</b> No	(	Original Design					umber of E					
Category of Aircraft Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket		mal Restricted obatic Limited oon Provisional nmuter Special Flight nsport Experimental			☐ Tricycle ☐ Amphibia ☐ Emergenc ☐ Float	Gear     Engine Type (Se       that apply)     □ Reciprocating       □ Retractable     ○ Turbo Shaft       □ Tailwheel     ○ Turbo Prop       ○ Turbo Jet     ○ Turbo Fan			elect one) OLiquid Rocket OSolid Rocket OHybrid Rocket ONone OUnknown			
OUltralight			l Light-Spo mental Ligh		Hull			ki/Wheel	2533		(Reciprocatio	
OUnknown	Certificate	e of Authorization	or Waiver	(COA)	🗖 Other Lau	ınch	/Recovery Sy	stem	OCarb	uretor	OFuel-	Injected
	□None		Unknown		None			Inknown	Gera:			100 10 10 10 10 10 10 10 10 10 10 10 10
Engine Engine Manufa Eng. 1 Continental	octurer	Engine Model/Series TSIO550K		1 1 1 2 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	acturer's Number 1	_	Date of Mfg. mm/dd/yyyy 3/6/2015	Rated Pow Horsen Ibs of 315	power or	Total Time (hours) 250	Inspection (hours)	Since: Overhaul (hours)
Eng. 2		1 diodatit		101101			0/0/2010	0.0		200		
Eng. 3												
Eng. 4												
Last Inspection Type O100-Hour O Cont O AAIP O Cont O Annual O Unk	tinuous Airwo ditional Inspec						Pitch     Propeller 2     OFixed Pitch       ollable Pitch     OControllable Pitch       ad Adjustable     Manufacturer:					stable
		14.0	Model:	PHC-J3	Y1F-1N/N76	05E	3	Mode	el:			
Date Last Inspection:       May 2018 mm/dd/yyyy         Airframe Total Time:       250         hrs       hours measured at (Select one)         OLast Inspection       Time of Accident/Incident			ELT Installed:       Yes       Additional Equipment (Check all that apply)         If Yes:       Image: ADS-B       ADS-B         ELT Manufacturer:       Image: ADS-B       Airframe Parachute         Model or Part No.:       Image: ADS-B       Airframe Parachute         TGO N       Image: Autopilot       Autopilot						t apply)			
Type of Maintenance Program (Select one)			1 I SO NO.:		(121.5 MHz) <b>(</b> (406 MHz)	<b>J</b> C9	1a (121.5 MH	<sup>Z)</sup> ☑ Dat	a Recorde		Hondlerland	
<ul> <li>Annual</li> <li>Conditional (Amateur-built only)</li> <li>Manufacturer's Inspection Program</li> <li>Other Approved Inspection Program (AAIP)</li> <li>Continuous Airworthiness</li> <li>Other, specify:</li></ul>			OC126 (406 MHz)       □ Electronic Flight Bag or Han         Was ELT still mounted in aircraft? OYes ONo       □ Electronic Multifunction Dis         Was ELT still connected to antenna? OYes ONo       □ Electronic Primary Flight Di         Did ELT Activate? OYes ONo       □ Handheld GPS         If activated:       □ Onboard Weather         Did ELT Aid in Locating Aircraft: OYes ONo       □ Satellite Tracking Device					Display t Display	vice			
Description of Fire Ex O None O Specify: Hand held	tinguishing	System	If not ac Indicate I		☐ Impact Da ☐ Fire Dama ☐ Battery Ex ☑ Unknown	ge		∎Stal ∎Vid	l Warning	System		

<b>OWNER/OPERATOR INFORMA</b>	ATION					
Registered Aircraft Owner		City: Granbury				
Name: Michael A. McCoy		State: Texas ZIP: 76048				
Fractional Ownership Aircraft: <b>O</b> Yes <b>O</b>	) No	Country: United States				
<b>Operator of Aircraft</b> Same As Re	gistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As:		ZIP:				
Air Carrier/Operator Designator (4 Character	er Code):	Country:				
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un					
<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>Commuter Air Tarrie (FAR 135)</li> </ul>	OFAR 91 OFAR 103 OFAR 103 OFAR 133 	431 Non-Scheduled or Air Taxi OInternational				
<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>	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137         (Select one)         O Aerial Application       OFirefighting       OUnknown         O Aerial Observation       OFlight Test       Oflight Test         O Air Drop       OGlider Tow       OInstructional         O Banner Tow       Other Work Use       OPersonal         O Executive/Corporate       OPostioning       OPostioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load OSkydiving				
OYes ON0	OYes ONo					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
		Distance From Airport Center:sm				
Airport Identifier: KGDJ		Direction From Airport: degrees true				
Proximity to Airport: <b>O</b> Off Airport/Airstrip	p On Airport/Airstrip ON/A	Airport Elevation: 780 ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 14       (L/R/C) Length: 36         Runway/Landing Surface       (Check all that a         Ø Asphalt       Grass/Turf         ☐ Concrete       Gravel         ☐ Dirt       Ice	adam 🗖 Water	Dry       Snow-Compacted       Water-Calm         Holes       Snow-Crusted       Water-Choppy         Ice Covered       Snow-Dry       Water-Glassy         Rough       Snow-Wet       Wet         Rubber Deposits       Soft       Unknown				
Approach/Departure Segment (Select one,	 )					
OTaxi OTakeoff OInitial Climb	<b>O</b> On Instrument App	proach 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/NDB     PAR       SDF     Sidestep       VOR/TVOR     ILS       VOR/DME     Localizer Only       TACAN     LOC-back course       RNAV	□MLS     □Practice       □LDA     □GPS       □ASR     □Visual       □Contact     □Circling	Traffic Pattern       Stop and Go         Straight-In       Touch and Go         Valley/Terrain Following       Simulated Forced Landing         Go Around       Forced Landing         Full Stop       Precautionary Landing         Unknown       Straight - In				

<b>"FLIGHT CREWMEM</b>	BER 1" INFC	RMATIO	N							
"Flight Crewmember 1" Re Pilot O Co-Pilot	<b>Sponsibilities at t</b> O Student Pilot	he Time of A OFlight In		<b>ident</b> Check Pilot	<b>O</b> Fligh	t Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" wa	s pilot flying 🛛 🗖	Yes 🗖 No	0							
"Flight Crewmember 1" Id First Name: Methad	entification			(	Tity of Rev	sidence: 🕅	ranbury			
Middle Initial:					State: Tex			ZIP: 76048		
							2	LIP: <u>76046</u>		
		60			Country:	United St				
Age at time of	Accident/Incident		Date of B			n.	m/dd/yyyy			
Terrary Statement of			rtificate Num			6.			r Trans 1710 (1710/171) (1710/171)	u 10 0100 00
Degree of Injury	Seat Occupie		<b>•</b> • • •		straint Ty	ре		]	Inflatable R	lestraints
<ul> <li>None</li> <li>Fatal</li> <li>Minor</li> <li>Unknown</li> <li>Serious</li> </ul>	<ul> <li>Left</li> <li>Right</li> <li>Center</li> </ul>	O Front O Rear O Single	<b>O</b> Unknov	vn				□ Not Inst □ Installed		
Pilot Certificate(s) (Check at	ll that apply)				O3-poin	t	O <sup>3</sup> -point		Not Dep	oloyed
<ul> <li>None</li> <li>☐ Flight J</li> <li>☑ Private</li> <li>☐ Recrea</li> <li>☐ Student</li> <li>☐ Sport</li> </ul>	tional 🛛 🗖 Ai	ommercial irline Transpo ight Engineer			● 4-poin ● 5-poin ● Unkno	t	<ul> <li>●4-point</li> <li>●5-point</li> <li>● Unknow</li> </ul>	vn	Deploye	
Principal Occupation	Medical Certifica	te		Me	dical Cert	tificate Va	lidity	]	Date of Las	t Medical
• Other	O Class 1 OI	Class 3 Driver's Licen Unknown	ise (Sport Pilot	only) O		itations/wai <sup>,</sup> ions/waivers ance	vers <b>O</b> U s <b>O</b> N	nknown //A		<i>yy</i>
Medical Certificate Limitat	ions									
Corrective lenses										
	<b>.</b>									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		<del>70</del> 6								
FAR 121/135 Checks:	mm/dd/yyyy	- Model:		<u> </u>	20 05		24 - 37	7	<u> </u>	
A ton loss Data (.)	Other Aircraft				<u> </u>	T	<b>D</b> -44(-)	-x	8	
Airplane Rating(s) (Check all that apply)	(Check all that app			ent Rating(s that apply)	9	(Check all )	r Rating(s)			
□ None	□ None		□ None	( mai appi)		□ None	indi approv		Instrument A	Airplane
Single-Engine Land	Airship		🗖 Airpla			🗖 Airplan	e Single-Eng		Instrument I	Helicopter
<ul> <li>Single-Engine Sea</li> <li>Multiengine Land</li> </ul>	<ul> <li>Balloon</li> <li>Glider</li> </ul>		☐ Helico			Gyropla	e Multi-Engii ne		Helicopter Glider	
Multiengine Sea	🗖 Gyroplane			<b>v</b> a Biit		D Powered			Sport	
	<ul> <li>Helicopter</li> <li>Powered Lift</li> </ul>									
Type Ratings	Fowered Ent					Student F	ndorseme	nts (Include d	dates)	
ASEL										
A Market at the										
Flight Time (Enter appropriate	2	This Pf -1	Airplane			Inst	rument			T / - T /
number of hours in each box)	2 All 2 Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	580	220	5580		299.65	8.15	77.11	Î	550	
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

<b>"FLIGHT CREWMEMI</b>	BER 2" INFO	ORMATIC	<b>N</b>							
"Flight Crewmember 2" Res OPilot OCo-Pilot	sponsibilities at t OStudent Pilot	the Time of OFlight In		<b>ident</b> Check Pilot	OFlig	ght Engineer	<b>O</b> Other I	light Crew		
"Flight Crewmember 2" was	s pilot flying 🛛 🛛	Yes 🗖	No							
"Flight Crewmember 2" Ide	ntification									
First Name:				C	ity of Re	esidence:				
Middle Initial:					050					
Last Name:									0	
Age at time of P	Accident/Incident					mm	aa/yyyy			
De anno a f Latana	5t O		tificate Numb		4					
<b>Degree of Injury</b> O None O Fatal	Seat Occupie OLeft	ea OFront	<b>O</b> Unknow		traint T	1010		1	nflatable R	estraints
O Minor O Serious	ORight OCenter	ORear OSingle	Clikitow	II .	Availab O Non O Lap	e	Used O None O Lap only	,	□ Not Installed □ Installed	
Pilot Certificate(s) (Check all	that apply)				<b>0</b> 3-po		O 3-point	р 	🗖 Not Dep	oloyed
🗖 None 🗖 Flight Ir		ommercial	🗖 US Mi		<b>O</b> 4-po		O 4-point O 5-point		□ Deploye □ Unknow	
<ul> <li>□ Private</li> <li>□ Recreati</li> <li>□ Student</li> <li>□ Sport</li> </ul>		lirline Transpo light Engineer		1	<b>O</b> 5-po <b>O</b> Unk		O Unknow	'n		11
□ Student □ Sport					4522.8.5		4996201			
Principal Occupation N	Aedical Certifica	ate	-	Me	dical Ce	ertificate Va	lidity	]	Date of Las	t Medical
		Class 3				mitations/waiv		nknown		
<b>•</b>		Driver's Licer Unknown	nse (Sport Pilot		Vith limit Special Is	tations/waivers	5 <b>O</b> N	/A	mm/dd/yy	w
Medical Certificate Limitati		Childrenth		• •	poolar is	Saurov				
Methodical Celtificate Emiliati	UIIS									
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Flight	<b>Review</b> Airc	raft						
or Equivalent, Including		7.0								
FAR 121/135 Checks:			<u>13 z</u>	<u></u>	6) 		24 - X.	<u> </u>		
1	mm/dd/yyyy			4 D (! ()		Tara	<b>D</b> (*)			
Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap			ent Rating(s that apply)	)	Instructor (Check all th				
None	None	P*9/	□ None	indi appiy/		None	a appiy		Instrument A	irplane
Single-Engine Land	Airship		🗖 Airplai			🗖 Airplane		ie 🗖	Instrument H	elicopter
<ul> <li>Single-Engine Sea</li> <li>Multiengine Land</li> </ul>	Balloon Glider		Helico			<ul> <li>Airplane</li> <li>Gyroplan</li> </ul>			Helicopter Glider	
☐ Multiengine Sea	Gyroplane		Power	aru		Gyropian			Sport	
	Helicopter									
Type Ratings	Powered Lift					Student F	Idorsomer	t <b>s</b> (Include de	ntae)	
Type Raings						Stutent El	iuoi seineni	is (include de	ues)	
Flight Time (Enter appropriate	2 411	This Make	Airplane	A jur lan s		Inst	rument			Lighton
number of hours in each box)	? All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Nigh	t Actual	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										

Creev Name and Address     Sear Occupied     Tujury       First Name:     City of Rescherre:     ZP:     City of Rescherre:     Other of State     Other	ADDITIONAL FL	IGHT CREWMEME	<u>3ERS (</u>	Exclusive	<u>e of cabin cr</u>	ew, complete	e the followin	g information)			
Middle Initial:     State:     ZIP:     O'Center     O'Rear     O'Minor       I at Name     Country:	Crew Name and Ad	ldress						Seat Occupie	d	Injury	
Midde Initial:									O Front Rear		
Pilot Certificate(s)     Check all share apply     Initialized     Initialized     Initialized     Initialized       Pilot Certificate(s)     Check all share apply     Definition Transport     Designed     None									<b>O</b> Single	O Serious	
None       Pight hisration       □ Commercial       □ Us Military       □ Available       Used       None       O None	Last Name:	Last Name: Country:							OUnknown		
□ Since       □ Flight Instructor       □ Commercial	Pilot Certificate(s)	(Check all that apply)									
□ Student       □ Sport       □ Flight Engineer       0 3-point       0 3-poin			2000 C 100 C					<b>O</b> None	O None		
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       Orall Flight Time at the Time of this Accident/Incident.       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Aircraft?       None Orall Flight Time at the Time of this Accident/Incident Aircraft?       Orall Flight Time at the Time of this Accident/Incident Cident Aircraft?       None Orall Flight Time at the Time of this Accident/Incident Cident Aircraft?       None Orall Flight Time at the Time of this Accident/Incident Cident Aircraft?       None Orall Flight Time at the Time of this Accident/Incident Cident Airc										□ Installed	
Type Ranning Enhors Among	<u>.</u>							O4-point	O 4-point		
Crew Name and Address     Seat Occupied     Injury       First Name:     City of Residence:     ZIP:     Oklaft     OF Totl Occur     Of Name       I ast Name:     Country:     ZIP:     Oklaft     Of Name     Of Name       Pitol Certificate(s) (Cluck all that apple)     Country:     Extraint Type:     Name and Address     Name     Name     Of Name <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>hrs</td> <td></td> <td></td> <td></td>					_		hrs				
First Name:	Accident Incluent					luem					
Initial:       State:       ZIP:       Conter       Oknine       Oknine         Middle Initial:       Country:       Country:       Country:       Oknine       O	Crew Name and Ad	ldress						Seat Occupie		Injury	
Middle Initial:	First Name:							OLeft OCenter			
Pilot Certificate(s) (Check all that apply)       Inflatable       Use straint Type:       Authable       Inflatable         Pilot Certificate(s) (Check all that apply)       Inflatable       Available       Use straint Type:       Available       Inflatable         Pilot Certificate(s) (Check all that apply)       Inflatable       Available       Use straint Type:       Available       None       Inflatable         Private       Rectraint Type:       Available       Spoint       Ophone       Ophone       Ophone       Inflatable         Type Rating/Endorsement for       Total Flight Time at the Time       Inflatable       Outknown       Ophone       Ophone <t< td=""><td>Middle Initial:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>OSingle</td><td colspan="2"><b>O</b> Serious</td></t<>	Middle Initial:								OSingle	<b>O</b> Serious	
□ Note       □ Flight Instructor       □ Commercial       □ US Military       Available       Vsed       Restraints         □ Private       □ Recercational       □ Aritine Transport       □ Foreign       None       ○ Lap Only       ○ Jap Only	Last Name:	Last Name: Country:							OUnknown		
Image: State:	Pilot Certificate(s)	(Check all that apply)						and a state of the			
□ Private       □ Recreational       □ Artine Transport       □ Foreign       □ Lap Ordy       □									<b>O</b> None		
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       Dreports (Dreports)       Dreports)       Dreports (Dreports)       Dreports)       Dreports (Dreports)       Dreports)       Dreports (Dreports)       Dreports)       Dreports)       Dreports)       Dreports)       Dreports)       Dreports)       Dr	the second second second							O Lap Only	OLap Only		
Type Rating/Endorsement for       Iotal Plight Time at the Time       O.Spoint       O.S		127 - Labor D. Backer and		France agreement				O 4-point	O 4-point	Not Deployed	
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)         Name and Address       Seat       Injury       Restraint Type       Inflatable       Age         First Name:	7.070		🗖 No				hrs		O 5-point		
Name and Address       Seat       Jupy       Retraint Type       Retraint Might Type       Retraint Type       Retr						and which a second s	Burney 1		1 - 4 - an based of this way ways a stress		
First Name:	FASSENGER(S)	1 OTHER PERSOI	NNEL (	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
Middle Initial:			NNEL (	Include c						Аде	
Last Name:	Name and Address						Restraint T	уре		Age	
Last Name:	Name and Address First Name:	City :			Seat OLeft	Injury ONone	Restraint T Available ONone	ype Used ONone	Restraints		
O Crew       OPassenger       O Other       Row:       O Maknown       O Unknown       O Unknown       O Unknown         First Name:	Name and Address First Name: Middle Initial:	City : Z	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point	ype Used O None O Lap Only O 3-point	Restraints	Under 5 years	
First Name:       City:	Name and Address First Name: Middle Initial: Last Name:	City : Z	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point	ype Used O None O Lap Only O 3-point O 4-point	Restraints	Under 5 years I If Under 5, O Child Restraint	
Middle Initial:       State:       ZIP:       Ocenter       Okiner       Okinistalled       Okiner <td< td=""><td>Name and Address First Name: Middle Initial: Last Name:</td><td>City : Z  State: Z  Country:</td><td>ZIP:</td><td></td><td>Seat OLeft OCenter ORight OUnknown</td><td>Injury ONone OMinor OSerious OFatal</td><td>Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point</td><td>ype Used O None O Lap Only O 3-point O 4-point O 5-point</td><td>Restraints           Not Installed           Installed           Not Deployed           Unknown</td><td>Under 5 years If Under 5, O Child Restraint O Lap-Held</td></td<>	Name and Address First Name: Middle Initial: Last Name:	City : Z State: Z Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point	ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints           Not Installed           Installed           Not Deployed           Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held	
Last Name:       Country:       Other       Other       Other       Offstal	Name and Address First Name: Middle Initial: Last Name: OCrew	City : Z State: Z Country: OPassenger	ZIP: O Ot		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	Restraints           Not Installed           Installed           Not Deployed           Deployed           Unknown	Under 5 years I If Under 5, O Child Restraint O Lap-Held O Unknown	
OCrew       OPassenger       OOther       Row:       OUnknown       OS-point OUnknown       OS-point OUnknown       OS-point OUnknown       OS-point OUnknown       Unknown       OLap-Held OUnknown         First Name:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : Z State: Z Country: OPassenger City :	ZIP: O Ot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None Minor O Serious O Fatal O Unknown O None O Minor	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 If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name:       City :       City : </td <td>Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:</td> <td> City : Z State: Z Country: OPassenger City : State: Z</td> <td>ZIP: O Ot ZIP:</td> <td> ther</td> <td>Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight</td> <td>Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious</td> <td>Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point</td> <td>ype 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</td> <td>Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown</td> <td>Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,</td>	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : Z State: Z Country: OPassenger City : State: Z	ZIP: O Ot ZIP:	 ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	ype 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 If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,	
Middle Initial:       State:       ZIP:       OLeft       ONone       OLap Only       OLap Only       Not Installed       Installed       If Under 5,         Last Name:       Country:       OCrew       OPassenger       OOther       None       OFatal       OUnknown       OFatal       OUnknown       Ounknown       One       ONone       Ounknown       If Under 5, Oundre 5, Oundr	Name and Address  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:	City : Z State: Z Country: OPassenger City : State: Z Country:	ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	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	ype 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 4-point O 5-point	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	<ul> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> </ul>	
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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:	City :       Z         State: Z         City :         City :         State: Z         Country:         City :         State: Z         City :	ZIP: O Ot ZIP: O Ot ZIP:	ther	Seat OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: 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 O1-p	ype 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 D Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-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 Installed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed Deployed Deployed	<ul> <li>Under 5 years</li> <li>If Under 5,</li> <li>Child Restraint</li> <li>Lap-Held</li> <li>Unknown</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>Child Restraint</li> <li>Lap-Held</li> <li>Unknown</li> </ul>	
Last Name: Country: ORight ORight OUnknown OFatal Of the second se	Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Crew	City :       Z         Country:       Q         Passenger       Z         City :       Z         Country:       Q         Passenger       Z         Country:       Q         City :       Z         City :       Z         City :       Z         City :       Z         Country:       Z         Country:	ZIP: O Ot ZIP: O Ot ZIP:	ther ther ther ther	Seat OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury None Minor Serious OFatal Unknown ONone OMinor OFatal Unknown ONone OMinor OFatal Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point	ype 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 4-point O 5-point O 4-point O 4-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O	Restraints  Not Installed  Not Deployed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	<ul> <li>Under 5 years</li> <li>If Under 5,</li> <li>Child Restraint</li> <li>Lap-Held</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>Child Restraint</li> <li>Lap-Held</li> <li>Unknown</li> </ul>	
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	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:         Last Name:         Middle Initial:         Middle Initial:         Middle Initial:         Middle Initial:	City :       Z         Country:       Q         Passenger       Z         City :       Z         City :       Q         Passenger       Z         City :       Z         City :       Z         City :       Z         City :       Q         Passenger       Z         City :       Z	ZIP: O Ot ZIP: O Ot ZIP: O Ot	ther ther ther ther	Seat OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury None Minor Serious OFatal Unknown ONone Minor OSerious OFatal Unknown ONone OMinor OSerious OFatal Unknown ONone OMinor OSerious OFatal OUnknown	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 O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O5-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 5-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 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	<ul> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> <li>Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> </ul>	

FLIGHT ITINERARY	INFORMATIO	Ň		*		1			
Last Departure Point	Tin	ne of Departure				Type Fligh	t Plan F	iled	
Airport ID: KODJ	Tim	7:49	Airport ID:	Kebh	<u>187-17</u> 1	• None	1000	<b>Q</b> VFR/IFF	٤.
City: Citanbury			City: Offai			O Company O Military V	VFR VFR	O IFR O Unknow	n
State: Texas	Tim	e Zone: CTZ	State: Tex			<b>O</b> VFR			
Country: United States			Country: U	Inited States	<u></u>	Activated?	OYes	ONO OU	nknown
Type of ATC Clearance/Se	ervice (Check all that	apply)							
	<ul> <li>Special VFR</li> <li>IFR</li> </ul>		ecial IFR R On Top		<ul> <li>VFR Flight Follo</li> <li>Traffic Advisory</li> </ul>		Cruis	e own / NA	
Airspace where the accide							Altitu	de of In-Fli	ght
	✓ Class G □ Demo Area		litary Operations port Advisory A		☐ Special ☐ Air Traffic Contr	col Area		rence:	5
	Warning Area		Training Area	ica		01 Auto		f	tmsl
Class D	Prohibited Area	TR:							
		☐ FAI							
WEATHER INFORM	V. and	E ACCIDEN	T/INCIDEN	and the second second					
Source of Pilot Weather In (Check all that apply)	nformation				servation Facility				
National Weather Service	Con	npany		186	anbury Awos				
Flight Service Station	🗖 Mil	tary		Observation Ti					
□ TV/Radio ✓ Automated Report	✓ Inte □ Nor			Time Zone: C		<u></u>			
Commercial Weather Servic				Distance from .	Accident Site: Less	than 1 sm	nm		
🗹 On-Board Weather	_			Direction from	Accident Site: 270	<u>x</u> x	_degrees	true	
<b>Basic Conditions</b>		Light Condit							
OVMC		ODawn	ODusk	ODark		known			
OIMC OUnknown		ODay	ONight	OBrig	ht Night				
Sky/Lowest Cloud Conditi	ion	Ceiling			Temperature:		(C) or 8	5 (	(F)
O Clear	O Thin Broken	• None (Clear)	) 0	Obscured	4.512				
OFew	O Thin Overcast	O Broken	0	Indefinite	Dew Point:	(C	) or _	(	F)
• Partial Obscuration • Scattered	OUnknown	O Overcast O Unknown			Altimeter Setting: 29.84 in. Hg				
Lowest Cloud Condition I	Teight	Ceiling Height				or			
Lowest cloud condition I	ft agl	Above 12,000		ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	124		
☐ Variable	✓ Calm		Not Gustir		1	10	miles		
	Light and Vari	able	V Hot Gusti	-6	RVR				
-or-	-or-		-or-		RVV	• n	miles		
Direction: 130 degrees true			Speed:	kts	Density Altitu			ft	
Intensity of Precipitation	Type of Precipi				Restriction to	•		nat apply)	
OLight OModerate	✓ None	Drizzle	□ Freezin □ Snow S		✓ None ■ Blowing Due	et D	'og Fround Fo	a	
OHeavy	□ Rain □ Snow	☐ Ice Pellets □ Snow Pellet			Blowing Sa			5	
<b>O</b> N/A	🗖 Hail	🗖 Snow Grain	ns 🛛 🗖 Freezin		Blowing Sn	ow 🗖 I e	ce Fog		
OUnknown	□ Rain Showers	□ Ice Crystals	5		□ Blowing Sp. □ Dust		moke Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity	
None     N/A		<ul> <li>None</li> <li>Trace</li> </ul>	ON/A		☑ None □ Clear Air			Light Moderate	
O Trace O Rime O Light O Clear		Olight	O Rime O Clear		Terrain-Indu	iced		Severe	
O Moderate O Mixed	1	<b>O</b> Moderate	<b>O</b> Mixe	d	Convective 7			Extreme	
O Severe O Unkno O Unknown	own	O Severe O Unknown	O Unkr	nown					
An one in the second			<ul> <li>3.1.1. (33.1.1m) - 1.1</li> </ul>			2242 99			
NOTAMs (D and FDC),	AIRMETs, SIGN	METs, PIREP	s in effect at	the time of tl	he accident/incid	lent:			

### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor

**Aircraft Fire** • Substantial O Destroyed **O** Unknown

• None O In-Flight O On-Ground OBoth Ground and In-Flight OFire at Unknown Time **O**Unknown

#### Aircraft Explosion

• None O In-Flight O On-Ground OBoth Ground and In-Flight OExplosion at Unknown Time **O**Unknown

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

Extensive damage to wings and tail.

## 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.

Flight to practice IFR approach. Departed Runway 14 at Granbury after all checks and run up completed. All flight controls checked at that time for full movement. Departed Runway 14 and departed to the North from the downwind pattern. Proceeded North and set autopilot to intercept the Rnav approach to runway 14 at NUMAN i(waypoint) IAF. The Auto pilot ntercepted the approach normally and made a Procedure turn to intercept the glidepath. Glidepath was followed to minimums and a go around was established. The Go Around button was used which suspende the landing sequence on the computer. During climb to 2700 ft (hold altitude ) INOXE was set manually to a direct to waypoint to reestablish computer sequencing. Upon arrival at INOXE the autopilot was disengaged on the panel AP button an two laps of the pattern were hand flown. The procedure was terminated and I proceeded directly into the downwind leg of the pattern for Runway 14 RP. All flight controls seemed to perform normally. Right hand turn to base and right hand turn to final were made normally and nothin seemed amiss. On final minimal rudder inputs were made because alignment and speed were very good. As I started flare and started putting in more aggressive rudder inputs it became obvious that I couldn't depress the left rudder pedal fully. At this point though I touched down at about 80 knots (IAS) on main gear holding all the left rudder I could. The aircraft guickly started to veer to the right and continued off the runway until hitting a ditch, fence and tree. I shut down the batteries and main ignition and evacuated quickly to get away from the aircraft in case of possible fire or explosion.

RECOMMENDATION (How of	could this accident/incid	lent have been prev	ented?)		
Operator/Owner Safety Recommen		one nuto source prese			
Unknown					
Oncional					
MECHANICAL MALFUNG	CTION/FAILURE	(If more space is ne	eded, continue on sepa	ate sheet)	
Was there Mechanical Malfuncti					Total Time/Cycles
(If yes, list the name of the part, manufo	acturer, part no., serial no.,	and describe the failure	e.)		On Part
Rudder failure.					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFO	RMATION				
Fuel on Board at Last Takeoff	Fuel Type	anna 10			
(Convert from pounds, as necessary)	○ 80/87 ○ 100 Low L	<b>O</b> 115/145 Lead <b>O</b> Jet A	O Jet B O JP8	O Other, specify	
	Gallons 0 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Prior to I	Departure				
EVACUATION OF AIRCE	RAFT				
Was an emergency evacuation of	f the aircraft performed	d? 🗹 Yes 🚺	🗖 No		
Method of Exit – Describe how th	ne occupants exited and h	iow many occupants	evacuated each location		
Main pilot door.					
OTHER AIRCRAFT - CO	LLISION (If air or gr	round collision occu	urred, complete this sect	ion for other_aircraft	)
Aircraft Registration Number	Manufacturer:				age to Other Aircraft
127 °	Model:			🛛 🗖 🗖 🗖	estroyed I Minor Ibstantial I None
Registered Owner of Other Airc			Pilot of Other Aircraft		
Name:			Name:		
City:			City:State:		
Country:			State: Country:	_ZIP:	

# 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 Pilot/Operator: Michael McCoy         8/21/18       Signature:         mm/dd/yyyy       or         Check here to electronically sign this document									
Name: Signature:		erator is Filing Report		Title:					
FOR NTSB USE ONLY									
NTSB Accident/Incid CEN18LA341	dent No.	<b>Reviewed by NTSB Regional Office</b> Denver, CO			Date Report Received 8/21/18				