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

BASIC INFORMATION

Accident/Incident Location
Nearest City/Place: BIG SPRING State: TX
ZIP: 79720 Country: _____
Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
Date: 01-29-20 *mm/dd/yyyy* Local Time: 4PM
Time Zone: CST

Collision with Other Aircraft: ○ Midair ⊗ On-ground ○ None

AIRCRAFT INFORMATION

Registration Number: N-505R
Manufacturer: BEECH
Model: DUKE
Serial Number: _____
Year of Manufacture: _____
Amateur-Built: ○ Yes ● No *If Yes:* ○ Kit/Plans ○ Original Design Make: _____

☐ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 6,000 lbs
Weight at Time of Accident/Incident: 4,300 lbs
Number of Seats: 6 Flight Crew Seats: 2
Cabin Crew Seats: — Passenger Seats: 4
Number of Engines: 2

Category of Aircraft
⊗ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☒ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☒ None ☐ Unknown

Landing Gear *(Check all that apply)*
☒ Retractable
☒ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
⊗ Reciprocating ○ Liquid Rocket
○ Turbo Shaft ○ Solid Rocket
○ Turbo Prop ○ Hybrid Rocket
○ Turbo Jet ○ None
○ Turbo Fan ○ Unknown
○ Electric

Fuel System Type *(Reciprocating)*
○ Carburetor ⊗ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm/dd/yyyy*	Rated Power ⊗ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	LYCOMING	TIO541			380HP			
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
⊗ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
⊗ Annual ○ Unknown
Date Last Inspection: 12-19 *mm/dd/yyyy*
Airframe Total Time: _____ hrs
hours measured at *(Select one)*
○ Last Inspection ○ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
⊗ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify: _____

Description of Fire Extinguishing System
○ None
○ Specify:

Propeller 1 ○ Fixed Pitch ⊗ Controllable Pitch ○ Ground Adjustable
Manufacturer: _____
Model: _____

Propeller 2 ○ Fixed Pitch ⊗ Controllable Pitch ○ Ground Adjustable
Manufacturer: HARTZELL
Model: _____

ELT Installed: ⊗ Yes ○ No
If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)
Was ELT still mounted in aircraft? ○ Yes ○ No
Was ELT still connected to antenna? ○ Yes ○ No
Did ELT Activate? ○ Yes ○ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ○ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: DAVID SPENCER

Fractional Ownership Aircraft: ○ Yes ⊗ No

City: MIDLAND

State: TX ZIP: 79701

Country: MIDLAND Co.

Operator of Aircraft ☒ *Same As Registered Owner* ☒ *Same Address as Registered Owner*

Name:

Doing Business As:

Air Carrier/Operator Designator (4 Character Code):

City:

State: ZIP:

Country:

Operating Certificates Held *(Check all that apply)*

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

Regulation Flight Conducted Under

- ⊗ FAR 91 ○ FAR 129 ○ FAR 415
- ○ FAR 103 ○ FAR 133 ○ FAR 431
- ○ FAR 121 ○ FAR 135 ○ FAR 435
- ○ FAR 125 ○ FAR 137 ○ FAR 437

- ○ FAR 91 Special Flight
- ○ Non-US, Commercial
- ○ Non-US, Non-commercial

- ○ Public Aircraft *(Select one)*
  - ○ Armed Forces
  - ○ Federal
  - ○ State
  - ○ Local
- ○ Unknown

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

- ○ Scheduled or Commuter
- ○ Non-Scheduled or Air Taxi
- ○ Domestic
- ○ International

- ○ Passenger
- ○ Cargo
- ○ Mail Contract Only

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

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

Revenue Sightseeing Flight

○ Yes ⊗ No

Air Medical Flight

○ Yes ⊗ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name:

Airport Identifier:

Proximity to Airport: ○ Off Airport/Airstrip ○ On Airport/Airstrip ⊗ N/A

Distance From Airport Center: sm

Direction From Airport: degrees true

Airport Elevation: ft. msl

Runway Information

Runway ID: (L/R/C) Length: ft Width: ft

Runway/Landing Surface *(Check all that apply)*

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

Condition of Runway/Landing Surface *(Check all that apply)*

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

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

☒ None

- ☐ ADF/NDB
- ☐ SDF
- ☐ VOR/TVOR
- ☐ VOR/DME
- ☐ TACAN
- ☐ PAR
- ☐ Sidestep
- ☐ ILS
- ☐ Localizer Only
- ☐ LOC-back course
- ☐ RNAV
- ☐ MLS
- ☐ LDA
- ☐ ASR
- ☐ Visual
- ☐ Contact
- ☐ Circling
- ☐ Practice
- ☐ GPS
- ☐ Unknown

VFR Approach *(Check all that apply)*

☒ 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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

(●) Pilot ( ) Co-Pilot ( ) Student Pilot ( ) Flight Instructor ( ) Check Pilot ( ) Flight Engineer ( ) Other Flight Crew

"Flight Crewmember 1" was pilot flying [X] Yes [ ] No

"Flight Crewmember 1" Identification

First Name: JAMES

Middle Initial: NONE

Last Name: NIEVES

City of Residence: MIDLAND

State: TX ZIP: 79707

Country: MIDLAND CO.

Age at time of Accident/Incident: 72 Date of Birth: [redacted]-47 mm/dd/yyyy

Certificate Number: [redacted]

Degree of Injury

( ) None ( ) Fatal
(●) Minor ( ) Unknown
( ) Serious

Seat Occupied

(●) Left ( ) Front ( ) Unknown
( ) Right ( ) Rear
( ) Center ( ) Single

Restraint Type

Available	Used
( ) None	( ) None
(●) Lap only	(●) Lap only
( ) 3-point	( ) 3-point
( ) 4-point	( ) 4-point
( ) 5-point	( ) 5-point
( ) Unknown	( ) Unknown

Inflatable Restraints

[X] Not Installed
[ ] Installed
[ ] Not Deployed
[ ] Deployed
[ ] Unknown

Pilot Certificate(s) *(Check all that apply)*

[ ] None [ ] Flight Instructor [X] Commercial [ ] US Military
[ ] Private [ ] Recreational [ ] Airline Transport [ ] Foreign
[ ] Student [ ] Sport [ ] Flight Engineer

Principal Occupation

( ) Pilot
(●) Other
( ) Unknown

Medical Certificate

( ) None (●) Class 3
( ) Class 1 ( ) Driver's License (Sport Pilot only)
( ) Class 2 ( ) Unknown

Medical Certificate Validity

( ) Without limitations/waivers ( ) Unknown
(●) With limitations/waivers ( ) N/A
( ) Special Issuance

Date of Last Medical

DEC 18 mm/dd/yyyy

Medical Certificate Limitations

EYE GLASSES REQ.

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: MAY 19 mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA

Model: C-175

Airplane Rating(s) *(Check all that apply)*

[ ] None
[X] Single-Engine Land
[ ] Single-Engine Sea
[X] Multiengine Land
[ ] Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

[ ] None
[ ] Airship
[ ] Balloon
[ ] Glider
[ ] Gyroplane
[ ] Helicopter
[ ] Powered Lift

Instrument Rating(s) *(Check all that apply)*

[ ] None
[X] Airplane
[ ] Helicopter
[ ] Powered Lift

Instructor Rating(s) *(Check all that apply)*

[X] None
[ ] Airplane Single-Engine
[ ] Airplane Multi-Engine
[ ] Gyroplane
[ ] Powered Lift
[ ] Instrument Airplane
[ ] Instrument Helicopter
[ ] Helicopter
[ ] Glider
[ ] Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	25,000	7 HRS	2,000	23,000	3,000	5,000	1,500			
Pilot in Command (PIC)	21,000	7 HRS								
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours	—	—	—	—	—	—	—	—	—	—

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

○ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: N/A

Middle Initial: _____

Last Name: _____

City of Residence: _____

State: _____ ZIP: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury

○ None ○ Fatal
○ Minor ○ Unknown
○ Serious

Seat Occupied

○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints

☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*

☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation

○ Pilot
○ Other
○ Unknown

Medical Certificate

○ None ○ Class 3
○ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity

○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical

_____
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s) *(Check all that apply)*

☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*

☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*

☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address	Seat Occupied	Injury
First Name: N/A City of Residence: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	O Left O Front O Center O Rear O Right O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) *(Check all that apply)* ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	**Restraint Type:** **Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	**Inflatable Restraints** ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** ____ hrs		

Crew Name and Address	Seat Occupied	Injury
First Name: ____ City of Residence: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____	O Left O Front O Center O Rear O Right O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) *(Check all that apply)* ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer	**Restraint Type:** **Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	**Inflatable Restraints** ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No **Total Flight Time at the Time of this Accident/Incident:** ____ hrs		

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ____ City: ____ Middle Initial: ____ State: ____ ZIP: ____ Last Name: ____ Country: ____ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available** / **Used** O None / O None O Lap Only / O Lap Only O 3-point / O 3-point O 4-point / O 4-point O 5-point / O 5-point O Unknown / O Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: ABI
City: ABILENE
State: TEXAS
Country: USA

Time of Departure
Time: _____
Time Zone: CST

Destination
Airport ID: ODO
City: ODESSA
State: TEXAS
Country: USA

Type Flight Plan Filed
- ☒ None
- ○ VFR/IFR
- ○ Company VFR
- ○ IFR
- ○ Military VFR
- ○ Unknown
- ☒ VFR

Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*
- ☐ None
- ☐ Special VFR
- ☐ Special IFR
- ☒ VFR Flight Following
- ☐ Cruise
- ☐ VFR
- ☐ IFR
- ☐ VFR On Top
- ☒ Traffic Advisory
- ☐ Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
- ☐ Class A
- ☒ Class G
- ☐ Military Operations Area (MOA)
- ☐ Special
- ☐ Class B
- ☐ Demo Area
- ☐ Airport Advisory Area
- ☐ Air Traffic Control Area
- ☐ Class C
- ☐ Warning Area
- ☐ Jet Training Area
- ☐ Unknown
- ☐ Class D
- ☐ Prohibited Area
- ☐ TRSA
- ☐ Class E
- ☐ Restricted Area
- ☐ FAR 93

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
- ☒ National Weather Service
- ☐ Flight Service Station
- ☐ TV/Radio
- ☐ Automated Report
- ☐ Commercial Weather Service (DUATS)
- ☐ On-Board Weather
- ☐ Company
- ☐ Military
- ☐ Internet
- ☐ None
- ☐ Unknown

Weather Observation Facility
Facility ID: _____
Observation Time: _____
Time Zone: _____
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
- ☒ VMC
- ○ IMC
- ○ Unknown

Light Condition
- ○ Dawn
- ○ Dusk
- ○ Dark Night
- ○ Unknown
- ☒ Day
- ○ Night
- ○ Bright Night

Sky/Lowest Cloud Condition
- ☒ Clear
- ○ Few
- ○ Partial Obscuration
- ○ Scattered
- ○ Thin Broken
- ○ Thin Overcast
- ○ Unknown

Lowest Cloud Condition Height
_____ ft agl

Ceiling
- ☒ None (Clear)
- ○ Broken
- ○ Overcast
- ○ Obscured
- ○ Indefinite
- ○ Unknown

Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg or _____ MB

Wind Direction
- ☐ Variable

-or-
Direction: N/W degrees true

Wind Speed
- ☐ Calm
- ☐ Light and Variable

-or-
Speed: _____ kts

Wind Gusts
- ☐ Not Gusting

-or-
Speed: _____ kts

Visibility CLEAR miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
- ○ Light
- ○ Moderate
- ○ Heavy
- ○ N/A
- ○ Unknown

Type of Precipitation *(Check all that apply)*
- ☒ None
- ☐ Rain
- ☐ Snow
- ☐ Hail
- ☐ Rain Showers
- ☐ Drizzle
- ☐ Ice Pellets
- ☐ Snow Pellets
- ☐ Snow Grains
- ☐ Ice Crystals
- ☐ Freezing Rain
- ☐ Snow Shower
- ☐ Ice Pellets Shower
- ☐ Freezing Drizzle

Restriction to Visibility *(Check all that apply)*
- ☒ None
- ☐ Blowing Dust
- ☐ Blowing Sand
- ☐ Blowing Snow
- ☐ Blowing Spray
- ☐ Dust
- ☐ Fog
- ☐ Ground Fog
- ☐ Haze
- ☐ Ice Fog
- ☐ Smoke
- ☐ Unknown

Icing Forecast

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Icing Actual

Amount	Type
☒ None	○ N/A
○ Trace	○ Rime
○ Light	○ Clear
○ Moderate	○ Mixed
○ Severe	○ Unknown
○ Unknown	

Turbulence

Type *(Check all that apply)*
- ☒ None
- ☐ Clear Air
- ☐ Terrain-Induced
- ☐ Convective Turbulence

Severity
- ☐ Light
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
- O None
- O Minor
- ⊗ Substantial
- O Destroyed
- O Unknown

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

Aircraft Explosion
- ⊗ None
- O In-Flight
- O 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)*

LANDED ON MATURE MESQUETE BRUSH DAMAGE TO UNDERSIDE OF WING & FUSELARGE, GEAR DOORS, HORIZONTAL STABALISER.

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.

ON JAN 29-2020 I VOLANTERED TO GO AND BRING MR DAVID SPENCERS DUKE FROM ABI TO ODD. HE GOT ONE OF HIS EMPLOYEES TO DROP ME OFF AT ABI. THE AIRCRAFT WAS REDIED TO GO, UPON INSPECTION I NOTICED THE FUEL GUAGES WERE INDICATING ¼ FULL WHCIHIS 25 gal EACHTS A 45 MIN FLIGHT TO ODO THE AIRPANE RUNS ABOUT 20 gals. PER SIDE PER HR. SO I DECIDED THAT 25 gals PER SIDE WAS NOT ADEQUET RESERVE FOR A 45 MIN FLIGHT. SO, AT MY OWN EXPENSE I PUT ANOTHE 40 gals ON ADDED 20 gals PER SIDE GIVING ME A TOTAL OF 90 gals OF FUEL INCLUDING THE 50 gals of FUEL ALREADY IN THE AIRPANE. DEPARTED ABI, EVERY THAG RUNNING NORMAL. ABOUT 10 MILES EAST OF BIG SPRINGS BOTH ENGINES QUIT LACK OF FUEL FLOW. I SEACHED FOR A PLACE TO LAND AND SAW EDWARDS FIELD THAT APPEARED TO BE IN GLIDING DISTANCE I FLEW OVER THE FIELD AND TURNE ON TO FINAL TO NORTH RWAY ON SHORT FINAL I PUT THE LANDING GEAR OUT TO LAND AND AT THAT POINT THE PANE QUIT FLYING THE AIRSPEED WENT TO NOTHING AND THE PLANE LANDED SHORT OF THF RUNWAY. I GOT OUT AND WALKED TOWARDS THE AIRPORT FOUND A DIRT ROAD FALOWD IT FR ¾ MILE A SHERIF DEP. MET ME AND WE WENT TO EMS.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

FUEL GUAGES NOT WORKING RIGHT

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

90 gal. Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure ADS-B INSTAL

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

1 OCCUPANT NORMAL EXIT

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

Aircraft Registration Number
N-505R

Manufacturer: BEECHCRAFT

Model: DUKE

Damage to Other Aircraft
☐ Destroyed ☐ Minor
☒ Substantial ☐ None

Registered Owner of Other Aircraft

Name: DAVID SPENCER
City: MIDLAND
State: TEXAS ZIP: 79701
Country: USA

Pilot of Other Aircraft

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

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report
02-07-20
mm/dd/yyyy

Name of Pilot/Operator: D. MYERS

Signature: [redacted]

– or – ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

– or – ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN20TA071	CENTRAL	WILLIAMS	4/29/2020