

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: Redmond State: OR

ZIP: 97756 Country: United States

Latitude: 44.25N Longitude: 121.15W

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 07/06/2020 Local Time: 10:30am
mm/dd/yyyy

Time Zone: PST

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N727P

Manufacturer: Beechcraft

Model: F33A Bonanza

Serial Number: CE-425

Year of Manufacture: 1973

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make: _____
Original Design

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3400 lbs

Weight at Time of Accident/Incident: 2800 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

Category of Aircraft

- ☒ Airplane
Balloon
Blimp/Dirigible
Glider
Gyroplane
Helicopter
Powered Lift
Rocket
Ultralight
Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

- ☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☒ Utility

Special

- ☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ 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 <input checked="" type="checkbox"/> Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	Continental	IO-520-BB10B	580103	06/01/2000	285	2556.2	35.1	2556.2
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

- ☐ 100-Hour Continuous Airworthiness
AAIP Conditional Inspection
Annual Unknown

Date Last Inspection: 03/06/2020
mm/dd/yyyy

Airframe Total Time: 6448.0 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: portable fire extinguisher

Propeller 1

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hartzell

Model: PHC-C3YF-1RF/F8468A-6R

Propeller 2

- ☐ Fixed Pitch
☐ Controllable Pitch
☐ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Kannad

Model or Part No.: 1202502

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: _____

Registered Aircraft Owner Name: <u>Leading Edge Aviation Inc</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes No			City: <u>Bend</u> State: <u>OR</u> ZIP: <u>97701</u> Country: <u>United States</u>		
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: <u>Leading Edge Flight Academy LLC</u> Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____			<input type="checkbox"/> Same Address as Registered Owner City: <u>Bend</u> State: <u>OR</u> ZIP: <u>97701</u> Country: <u>United States</u>		
Operating Certificates Held <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input checked="" type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft		Regulation Flight Conducted Under <input checked="" type="checkbox"/> 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 <i>(Select one)</i> Armed Forces <input type="checkbox"/> Federal State Local Unknown		Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic Non-Scheduled or Air Taxi International <input type="checkbox"/> Passenger Cargo Mail Contract Only	
Revenue Sightseeing Flight Yes No		Air Medical Flight Yes <input checked="" type="checkbox"/> No		Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <input type="checkbox"/> Aerial Application Firefighting Unknown Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional Banner Tow Other Work Use Business Personal Executive/Corporate Positioning External Load Skydiving Ferry	

Airport Name: <u>Redmond</u>				Distance From Airport Center: <u>0</u> sm															
Airport Identifier: <u>KRDM</u>				Direction From Airport: <u>0</u> degrees true															
Proximity to Airport: <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport/Airstrip <input type="checkbox"/> N/A				Airport Elevation: <u>3082</u> ft. msl															
Runway Information				Condition of Runway/Landing Surface <i>(Check all that apply)</i>															
Runway ID: <u>11</u> (L/R/C) Length: <u>7006</u> ft Width: <u>100</u> ft				<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm															
Runway/Landing Surface <i>(Check all that apply)</i> <table><tr><td><input checked="" type="checkbox"/> Asphalt</td><td><input type="checkbox"/> Grass/Turf</td><td><input type="checkbox"/> Macadam</td><td><input type="checkbox"/> Water</td></tr><tr><td><input type="checkbox"/> Concrete</td><td><input type="checkbox"/> Gravel</td><td><input type="checkbox"/> Metal/Wood</td><td></td></tr><tr><td><input type="checkbox"/> Dirt</td><td><input type="checkbox"/> Ice</td><td><input type="checkbox"/> Snow</td><td><input type="checkbox"/> Unknown</td></tr></table>				<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water	<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood		<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown	<input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy			
				<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Grass/Turf	<input type="checkbox"/> Macadam	<input type="checkbox"/> Water												
				<input type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Metal/Wood													
				<input type="checkbox"/> Dirt	<input type="checkbox"/> Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy																			
				<input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet															
				<input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft															
				<input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown															
Approach/Departure Segment <i>(Select one)</i>																			
<input type="checkbox"/> 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 <i>(Check all that apply)</i>				VFR Approach <i>(Check all that apply)</i>															
<input checked="" type="checkbox"/> None				<input type="checkbox"/> None															
<input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice				<input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go															
<input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS				<input checked="" type="checkbox"/> Straight-In <input checked="" type="checkbox"/> Touch and Go															
<input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual				<input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing															
<input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact				<input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing															
<input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling				<input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing															
				<input type="checkbox"/> 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 ☒ Yes ☐ No

"Flight Crewmember 1" Identification

First Name: Christopher City of Residence: Bend
 Middle Initial: L State: Oregon ZIP: 97701
 Last Name: White Country: United States
 Age at time of Accident/Incident: 26 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury <input checked="" type="checkbox"/> None Fatal Minor Unknown Serious	Seat Occupied <input checked="" type="checkbox"/> Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	<input type="checkbox"/> None	<input type="checkbox"/> None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="checkbox"/> None	<input type="checkbox"/> None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Flight Instructor</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>		<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers Unknown <input type="checkbox"/> With limitations/waivers N/A <input type="checkbox"/> Special Issuance			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military														
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign														
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer															
Principal Occupation <input checked="" type="checkbox"/> Pilot Other Unknown	Medical Certificate <input type="checkbox"/> None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown		Date of Last Medical <u>10/18/2019</u> mm/dd/yyyy														

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

01/18/2019
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 208B Grand Caravan

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="float: right;"> <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>
Type Ratings N/A			Student Endorsements (Include dates) N/A

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	1477.6	15.0	1324.9	152.7	95.3	31.4	67.8			
Pilot in Command (PIC)	1412.1	15.0	1267.0	145.1	91.6	31.4	67.8			
Time as Instructor	770.5	12.8	741.7	28.8	47.8	22.6	2.9			
This Make/Model					0	.3	0			
Last 90 Days	57.8	1.2	57.8	0	0	0	2.6			
Last 30 Days	29	1.2	29	0	0	0	1.2			
Last 24 Hours	1.1	0	1.1	0	0	0	0			

"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: Billy City of Residence: Bend
 Middle Initial: J State: OR ZIP: 97701
 Last Name: Lane Country: United States
 Age at time of Accident/Incident: 35 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury <input checked="" type="checkbox"/> None Fatal Minor Unknown Serious	Seat Occupied <input type="checkbox"/> Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </td> </tr> </table>	Available	Used	<input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown								
Available	Used														
<input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Lap only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown														
Pilot Certificate(s) (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input checked="" type="checkbox"/> Flight Instructor</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>		<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military	<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign	<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer		Medical Certificate <input type="checkbox"/> None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Flight Instructor	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> US Military												
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> Foreign												
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="checkbox"/> Flight Engineer													
Principal Occupation <input checked="" type="checkbox"/> Pilot Other Unknown	Medical Certificate Validity <input checked="" type="checkbox"/> Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance		Date of Last Medical <u>05/13/2020</u> mm/dd/yyyy												

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

4/19/2019
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: 172

Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <div style="float: right;"> <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport </div>
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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	1201.9	38.5	1107.5	94.4	52.3	4.3	63.8			
Pilot in Command (PIC)	1115.1	38.5	1041.2	73.9	48.1	4.3	44.8			
Time as Instructor	794.7	27	794.7	0	44.2	3.8	0			
This Make/Model					3.1	.8	0			
Last 90 Days	63	.7	63	0	1.7	0	.5			
Last 30 Days	44.7	.7	44.7	0	1.7					
Last 24 Hours	0	0	0	0	0	0	0			

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)										
Crew Name and Address					Seat Occupied		Injury			
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right		Front Rear Single Unknown		<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div>					Restraint Type: <div style="display: flex;"> <div style="margin-right: 10px;"> Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </div> <div> Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____					<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right		Front Rear Single Unknown		<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Student </div> <div> <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Recreational <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Airline Transport <input type="checkbox"/> Flight Engineer </div> <div> <input type="checkbox"/> US Military <input type="checkbox"/> Foreign </div> </div>					Restraint Type: <div style="display: flex;"> <div style="margin-right: 10px;"> Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </div> <div> Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown </div> </div>		Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown			
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other </div>			<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown		Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other </div>			<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Unknown Row: _____	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown		Used <input type="checkbox"/> None <input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
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FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KBDN</u> City: <u>Bend</u> State: <u>Oregon</u> Country: <u>United States</u>	Time of Departure Time: <u>0930</u> Time Zone: <u>PST</u>	Destination Airport ID: <u>KBDN</u> City: <u>Bend</u> State: <u>Oregon</u> Country: <u>United States</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None VFR/IFR <input type="checkbox"/> Company VFR IFR <input type="checkbox"/> Military VFR Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)			
<input checked="" type="checkbox"/> None <input type="checkbox"/> VFR	<input type="checkbox"/> Special VFR <input type="checkbox"/> IFR	<input type="checkbox"/> Special IFR <input type="checkbox"/> VFR On Top	<input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Traffic Advisory
<input type="checkbox"/> Cruise <input type="checkbox"/> Unknown / NA			

Airspace where the accident/incident occurred (Check all that apply)			Altitude of In-Flight Occurrence: <u>N/A</u> ft msl
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input checked="" type="checkbox"/> Class D <input type="checkbox"/> Class E	<input type="checkbox"/> Class G <input type="checkbox"/> Demo Area <input type="checkbox"/> Warning Area <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Restricted Area	<input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> TRSA <input type="checkbox"/> FAR 93	<input type="checkbox"/> Special <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Unknown

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)	Weather Observation Facility
<input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather	Facility ID: <u>KRDM</u> Observation Time: <u>10:14AM</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>0</u> nm Direction from Accident Site: _____ degrees true
<input type="checkbox"/> Company <input type="checkbox"/> Military <input checked="" type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	

Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Unknown
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Sky/Lowest Cloud Condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered Lowest Cloud Condition Height _____ ft agl	Ceiling <input type="checkbox"/> None (Clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown Ceiling Height _____ ft agl	Temperature: <u>20</u> (C) or _____ (F) Dew Point: <u>06</u> (C) or _____ (F) Altimeter Setting: <u>30.02</u> in. Hg or _____ MB
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Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>130</u> degrees true	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>05</u> kts	Wind Gusts <input checked="" type="checkbox"/> Not Gusting -or- Speed: _____ kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: <u>4100</u> ft
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Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Type of Precipitation (Check all that apply)	Restriction to Visibility (Check all that apply)
<input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers	<input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals	<input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust
	<input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown

Icing Forecast <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Icing Actual <table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Turbulence Type (Check all that apply)
Amount	Type																													
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Light	Clear																													
Moderate	Mixed																													
Severe	Unknown																													
Unknown																														
		<input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence																												
		Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme																												

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

N/A

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

☐ None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

Left main gear collapsed, leading to damage of left gear doors, left downlock system, left brake caliper, left flap, left aileron, and slightly wrinkling the left upper wing skin.

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 location, services obtained, and intended destination. Provide as much detail as possible.

The flight was intended to be a proficiency flight for myself and another CFI (Billy Lane); it was the first day bringing the Bonanza back onto the flight line after several months of the COVID shutdown, so the flight school wanted all the checked-out CFIs to pair up to get proficient before beginning to instruct in it. Billy and I met up, preflighted the airplane, came up with a quick plan of what maneuvers we would do and then hopped in to go fly. We went to the practice area to warm up with slow flight, stalls, a couple commercial maneuvers and an emergency descent, then decided to go back to the airport to practice landings.

While entering the traffic pattern we agreed Billy would do the first landing, and he mentioned he would do a touch and go. I believe this was my first fault in judgement - I normally do not do touch-and-goes in complex aircraft, I prefer full-stop taxi-backs for safety; I can count on one hand the number of touch-and-goes I've done in retract-gear aircraft. I should have insisted that we do full stops, but I thought "well, we are both experienced CFIs, we should be able to handle this fine." I decided to attempt to mitigate the risk of either of us grabbing the gear lever instead of the flaps on rollout by coming up with a plan: I said the person flying should handle the aircraft, throttle and gear lever, and the person not flying will control flaps and cowl flaps. This was my second fault in judgement. I didn't realize until talking to our chief instructor after the incident that by doing this, I was taking myself out of the norm of our training where the person flying handles all controls of the aircraft - after all, it is a single-pilot aircraft. Ironically this came back to bite me and I ended up doing the very thing I was attempting to prevent.

The first landing (Billy's) was perfect, and as we had planned, after touchdown I retracted the flaps and opened the cowl flaps, Billy applied full throttle and once airborne he retracted the gear. Upon reaching ~500ft he handed the controls to me for my first landing of the day. Everything went as planned; nice landing, Billy retracted the flaps and opened cowl flaps, I took off and then retracted the gear, and handed controls back to Billy. We were both feeling good and comfortable and I let my "safety plan" slip. On Billy's second landing, he handled all the controls by himself, even though we hadn't communicated about that. I thought to myself, "ok, next landing I'll do them all myself." I landed, and then... I said "gear up" and reached over and put the gear lever up, while we were still rolling on the runway. Both of us immediately recognized the error, I put the gear lever back down, but it was too late - the left main had unlocked and it collapsed. We apparently had enough airspeed and lift to prevent the squat switch from engaging, allowing the gear to begin the retraction process. Somewhere in the midst of this event I managed to apply full throttle and get the plane back into the air, hoping we would be able to get the gear to lock down for our return to the airport.

I still do not have a good explanation of how I managed to grab the wrong lever. The only thing I can come up with is on my previous landing, the only control I touched was the gear lever, as Billy was handling the flap lever; somehow, muscle memory took over, and I reached for the only lever I had touched on my previous landing, at entirely the wrong time.

Anyways, once airborne, we flew south away from the airport to diagnose and try to correct the issue. The gear circuit breaker had popped, so we grabbed the checklist and performed an emergency gear extension. We could not get any indication of any of the gear being down and locked, the only light lit was the 'gear warning' light. If we pushed in the circuit breaker, the right main and nose green lights would momentarily light up before popping the breaker again. So we knew we had some issue with the left main.

We returned to Bend, another pilot in the area had heard the fiasco and offered to watch us do a flyby. He said it looked like all 3 gear were down. We weren't convinced. We decided our safest option would be to fly to Redmond for our final landing, as they have fire truck services in the event a spark started a fuel fire. We immediately contacted Redmond while about 10 miles out so they could prepare; we did a flyby with the tower who also confirmed the gear looked down (we still weren't convinced). We decided that Billy would do the landing, as I was sitting in the left seat and had access to the fuel selector and battery master; we agreed that on Billy's word he would pull the mixture, I would turn off the power and the fuel selector, and he would fly the final moments onto the runway. Everything went as planned, just as we got into ground effect he gave the word and we secured the aircraft, he did a beautiful job of gently settling the plane onto the runway. Miraculously we rolled out about 1000' on all three wheels, beginning to think we were successful, when the left main suddenly collapsed as a result of the previous damage and sent us careening off the left side of the runway. The moment the plane stopped moving, Billy opened the door and we got out within seconds. No fires started, and we escaped without a scratch.

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

Operator/Owner Safety Recommendation

As aforementioned, the easiest way to prevent this incident is to not do touch and goes in complex aircraft. I brought this up with our chief flight instructor and he agreed, and said he would make that a flight school policy. While the incident is entirely due to pilot error, this is not nearly the first time this type of accident has happened (even the Pilot's Handbook of Aeronautical Knowledge warns of this mistake).

I believe the other primary contributing factor was my faulty idea of splitting up duties, in an environment where neither of us had been trained to do so, or had any other prior experience splitting up crewmember duties. I took us away from our previous training, opening the door for such a glaring mistake.

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.)

A malfunction did not occur until after I made a critical error and damaged the part; the fault was not due to a malfunction

**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)

20 Gallons**Fuel Type**☐ 80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure**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

The copilot opened the main cabin door on the right wing, he exited and then I followed immediately after.

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

Manufacturer: _____**Model:** _____**Damage to Other Aircraft**☐ Destroyed☐ Substantial☐ Minor☐ None**Registered Owner of Other Aircraft**

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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

07/15/2020

mm/dd/yyyy

Name of Pilot/Operator: Christopher White

Signature: _____

-- 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.

WPR20CA213

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Zoë Keliher

Date Report Received

07/16/2020