## 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 INFORM	ATION										
Accident/Incident Lo						Accident/Incid	lent Date/7	Time			2
Nearest City/Place:	Troy			State:	AL I	Date: 04/11/2021 Local Time: 0915					
ZIP: 36079	Country:	USA	ME TO ANY		karana k	mm/de	d/yyyy			CDT	The second second second second
Latitude:		Longitude:	January Marie	per factories	ing service some			Tir	ne Zone: _	CDI	
(Enter in decim	al degrees or a	legrees:minutes:sec	conds)		(	Collision with	Other Air	craft: C	Midair	OOn-groun	d None
AIRCRAFT INFO	RMATIO	N	PLANTED BY								
Registration Number	: N29	9HP				ĭFR-Equip					
Manufacturer:			Carlo della		200.00	☐ Commerci		ght			1,153
Model: PA			213 1130			Maximum Gr	oss Weigh	t: 3	600	lbs	
Serial Number:						Weight at Tin	ne of Accid	lent/Incid	lent:	3200	_ lbs
Year of Manufacture	: 199	9				Number of Se	ats:	0	Flight Cre	ew Seats:	2
Amateur-Built: OY		OKit/Plans Ma	ke:	Territor of		Cabin Crew Sea	ts:	eg gerberte		Seats:	4
100 Del	0	Original Design			CONTRACTOR OF THE STATE OF THE	Number of E		1		- And	
Category of Aircraft Airplane OBalloon OBlimp/Dirigible OGlider OGyroplane	Type of A (Check all t Standar Norma Aerob	d Special al □ Restric atic □ Limite	eted d		Tricycle	<i>apply)</i> etractable ☐T	ailwheel	O Turb O Turb O Turb	o Prop o Jet	O Liqui O Solid O Hybr O None	id Rocket
OHelicopter	☐ Comn	nuter	l Flight		☐ Amphibian ☐ Emergency	Float S	ligh Skid kid	O Turb O Elect		OUnkn	iown
O Powered Lift O Rocket	☐ Transp		mental I Light-Sport		□Float □Hull	□s □s		N. P. Salan			
OUltralight	Cumy		mental Light	and the state of t			ki/Wheel		11 11 - 12 12 12	(Reciprocation	
OUnknown		e of Authorization		COA)		ch/Recovery Sy		OCarb	uretor	<b>X</b> Fuel-	Injected
	None		Unknown		None		Jnknown	6 8 E E			-
Engine Engine Manu	facturer	Engine Model/Series			acturer's Number	of Mfg.	Rated Pow Horse O lbs of	ower or	Total Time (hours)	Inspection (hours)	Since: Overhaul (hours)
Eng. 1 Lycom	ing	10-540-KI	.65				300		581	68,9	
Eng. 2	3					E SELFANCIONES	E Charles			TOR APPEAR	The state of
Eng. 3 Eng. 4		Social and Section 1				v roma mana	State Surviva		ISE STATE	A size Piber at	
-100 C	12,300 F 121 SH		Propelle	r 1	OFixed Pit	ch	Prop	eller 2	0	Fixed Pitch	of the second
Last Inspection Type					Controlla				0	Controllable	
	ntinuous Airwo nditional Inspe		Manufact	urer 1	dartzel	Adjustable 	Mani	ıfacturer:	0	Ground Adju	stable
	known		The state of the s		134R-1					Pri baka pasa	
Date Last Inspection	: 10/01/	2020			Yes ON					Check all tha	
Airframe Total Time	mm/aa/y	vyy	If Yes:	······································	×		MAD	S-B		спеск ан та	( apply)
hours measured at		lastine of the state of the sta	ELT Man			a since have		frame Para	chute ck Indicate		
Last Inspection		ccident/Incident	Model or			CO1. (121.5 NO.	TVA.		ck indicate	or	
Type of Maintenance	Program (Se	elect one)	150 No.:		(121.5 MHz) <b>O</b> (6 (406 MHz)	C91a (121.5 MH	□ Da	a Recorde		tustes	
Annual			Was ELT		unted in aircraf	2 XYes ON			gnt Bag or Iltifunction	Handheld De Display	evice
O Conditional (Amateur O Manufacturer's Inspe					nected to anten		o  Ele	etronic Pri	mary Fligh		
O Other Approved Inspe		(AAIP)			? OYes ON	0		ndheld GP ads Up Dis			
O Continuous Airworth			If activat		anativ = 1	. 04 0	□ □ On	board Wea	1 -		
O Other, specify:	1500 Live Vac	G	If not act		ocating Aircraft	: Ores ON	□ Sai		king Devic	e	
Description of Fire E	xtinguishing	System	Indicate F		☐ Impact Dam	age		II Warning	System ling Device	e	
O Specify:			1000		☐ Fire Damag	e		ner, Specif		e bear to po	
					Battery Exp Unknown	ired/Damaged					
AT HIS CONTRACTOR OF THE PARTY					Unknown						

OWNER/OPERATOR INFORMA	TION				
Registered Aircraft Owner	College Control of Manageria and Con-	City: HUNTS VILLE			
Name: N299HP LLC		State: AL ZIP: 35801			
Fractional Ownership Aircraft: O Yes	No	Country: USA			
Operator of Aircraft		☐ Same Address as Registered Owner			
Name: MATT BARKE	R, MEMBER	City: HUNTS VILLE			
Doing Business As: Air Carrier/Operator Designator (4 Character	w Code):	State: AL ZIP: 3580Z			
All Carrier/Operator Designator (4 Characte	er Code):	Country: USA			
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	er Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)			
	## FAR 91	Non-Scheduled or Air Taxi O International			
□ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135) □ On-Demand Air Taxi (FAR 135)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	O Passenger O Cargo O Mail Contract Only			
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)			
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Aerial Observation O Firefighting O Unknown O Instructional O Other Work Use O Personal O Positioning			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry			
OYes No	O Yes 🔌 No				
The state of the s	action of the language and other transfer of the	oach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name: Troy Mun Airport Identifier: KTO I	icipal Airport	Distance From Airport Center:sm  Direction From Airport:degrees true			
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 397 ft. msl			
Runway Information Runway ID:	the Width: 100 ft width: 100 f	Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown			
Approach/Departure Segment (Select one					
OTaxi OTakeoff OInitial Climb	On Instrument Appr	roach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown			
IFR Approach (Check all that apply)  None		VFR Approach (Check all that apply)  □None			
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	Stop and Go			

"FLIGHT CREWMEM	BER 1" INFOR	MATIO	N							S March
"Flight Crewmember I" Re	sponsibilities at the		ccident/Incid	ent heck Pilot	O Flig	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" wa	s pilot flying Ye	s 🗆 No								
"Flight Crewmember 1" Ide	entification						1.00			
First Name: Ma-H	ALC THE TOTAL			_ C	ity of Re	esidence:	Hun	tsvil	6	
Middle Initial:				St	tate:	AL	TV TELL	tsvil	5007	
Last Name: Bar	Ker				ountry:	USI	A			
	Accident/Incident:	57	Date of Birt		Allmire.	0 0	/dd/5555			
and and of	Treetaene merdent, _		tificate Numbe							
Degree of Injury	Seat Occupied	CCIT	incate (valido	_	raint 1	UPA .			Inflatable I	Dactrainte
None O Fatal O Minor O Unknown O Serious	Left C	Front Rear Single	O Unknown	A	vailabl O None	e	Used O None		Vot Ins	talled
Pilot Certificate(s) (Check al					OLap o		O Lap onl	У	☐ Installe ☐ Not De	ployed
□ None ► Flight   □ Private □ Recrea □ Student □ Sport	Instructor Comm	nercial e Transport Engineer	US Milita		O4-poi O5-poi OUnkn	nt nt	O 4-point O 5-point O Unknow	vn	Deploy Unknow	ed
Principal Occupation	Medical Certificate		arther or	Med	ical Cer	rtificate Va	lidity		Date of Las	st Medical
O Other	O None O Clas Class 1 O Driv O Class 2 O Unk	er's License	e (Sport Pilot on	ly) OW	ithout lin	mitations/waivers	vers OU	nknown //A	03/03 min/dd/v	2021
Date of Last Flight Review	Revenue	Flight R	Review Aircra	ſt						
or Equivalent, Including	07/30/2020	7.1.1.1	PIPE							
FAR 121/135 Checks:	mm/dd/yyyy	Model:	0			W0.374			154	
Airplane Rating(s)	Other Aircraft Ra	-	Instrumen			Instructo	r Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all th			(Check all )				
None	None		None		y 1	☐ None		×	Instrument	Airplane
☐ Single-Engine Land ☐ Single-Engine Sea   Multiengine Land ☐ Multiengine Sea	☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		Airplane Helicopte Powered	r				nc 🗆	Instrument Helicopter Glider Sport	Helicopter
Type Ratings						Student E	ndorsemer	its (Include a	dates)	
A-310, B-707, B MD-11, MU-300	-720, B-757	, B-76	7, BE-4	00,						
			Airolana					1111		
Flight Time (Enter appropriate number of hours in each box)	Aircraft & N	Make Model		Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	11512 8	36	170 1	1377						
Pilot in Command (PIC)	1									
Time as Instructor				AV West						
This Make/Model	10x A	A	1 1	10				124/201		
Last 90 Days	104 4	7	44	(0)						
Last 30 Days Last 24 Hours	(00)		1.(	43		-				
CONT. 744 PRIMITS	-									

ADDITIONAL FL	IGHT CKEVVINEIV	IBERS (Excl	usive of cabin c	rew, complet	e the following	ng information			
Crew Name and Ade						Seat Occupi	of the second	Injury	
First Name:		City of Re	sidence:	25,007638		O Left	O Front	O None	
Middle Initial:			1 1 1 1 1 1	A SECURITION OF	San San Maria	O Center	O Rear O Single	O Minor	
Last Name:					the second	O Right	O Unknown	O Serious O Fatal	
		and the second of the		and the first of	NAME OF TAXABLE PARTY.	Maria Company		O Unknown	
Pilot Certificate(s)	Check all that apply)		The state of the	0-7-5	1000	Restraint Ty		Inflatable	
□None	☐ Flight Instructor	☐ Commerc	ial U	S Military		Available O None	O None	Restraints	
Private	Recreational	☐ Airline T		reign		O Lap Only		☐ Not Installed	
☐ Student	☐ Sport	☐ Flight En	gineer	and part and the	g Office	O 3-point	O 3-point	☐ Installed ☐ Not Deployed	
Type Rating/Endors	sement for	Tot	al Flight Time a	t the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Deployed	
Accident/Incident A		A 300 B	nis Accident/Inc			O Unknown		Unknown	
			ns / tecident int	- Land	ms	-	na-1-2ca (Trivayler)	NUMBER OF STREET	
Crew Name and Add	dress		ay a managa			Seat Occupi	ed	Injury	
First Name:		City of Re	sidence:			OLeft	OFront	O None	
Middle Initial:		State:		ZIP:	901057	OCenter ORight	O Rear O Single	O Minor O Serious	
Last Name:						Okigin	OUnknown	O Fatal	
	Ci Ci	NAME OF THE PARTY.						O Unknown	
Pilot Certificate(s) (				of the sec	test shall at	Restraint Ty	The state of the s	Inflatable	
☐ None ☐ Private	☐ Flight Instructor	Commerc		Military		Available O None	O None	Restraints	
Student	☐ Recreational ☐ Sport	☐ Airline Tr ☐ Flight En		reign		O Lap Only	O Lap Only	☐ Not Installed	
Carried Control of the control of th		4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ALBERT CHARLES			O 3-point O 4-point	O 3-point O 4-point	☐ Installed ☐ Not Deployed	
Type Rating/Endors			al Flight Time a			O 5-point	O 5-point	☐ Deployed	
Accident/Incident Ai	the state of the s		is Accident/Inc	ident:	hrs	OUnknown	O Unknown	Unknown	
			District State of the State of						
PASSENGER(S)	OTHER PERSO	NNEL (Inclui	de cabin crew; o	continue on s	eparate shee	t if necessary)		entries are	
Name and Address	OTHER PERSO	NNEL (Inclu	Seat	Injury	eparate shee Restraint T	ales norther	Inflatable Restraints	Age	
Name and Address				Injury	Restraint T	ype Used	The state of the s	Age	
Name and Address First Name: Camille	e city: Hur	ntsville	Seat OLeft	Injury	Restraint T Available O None	Used O None	Restraints	Age	
Name and Address  First Name: Camilly  Middle Initial:	City: Hur	ntsville ZIP: 35002	Seat  OLeft OCenter	Injury	Restraint T	Used O None O Lap Only	Restraints  Not Installed Installed	☐ Under 5 years	
Name and Address  First Name: Camilly  Middle Initial: C  Last Name: Bark	City: Hur State: AL Country: _L	ntsville zip: 35902 USA	Seat OLeft	Injury  None OMinor OSerious OFatal	Restraint T Available ONone OLap Only 3-point O4-point	Used O None O Lap Only 3-point O 4-point	Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5,  O Child Restraint	
Name and Address  First Name: Camilly  Middle Initial:	City: Hur	ntsville zip: 35902 USA	Seat  OLeft OCenter Right	Injury  None O Minor O Serious	Restraint T Available ONone OLap Only	Used O None O Lap Only 3-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5, Ohild Restraint Lap-Held	
Name and Address  First Name: Camily  Middle Initial: C  Last Name: Bark	City: Hur State: AL Country: _L	ntsville ZIP: 35002 USA OOther	Seat  OLeft OCenter Right OUnknown	Injury  None OMinor OSerious OFatal	Restraint T Available ONone OLap Only 3-point O4-point O5-point	Used O None O Lap Only 3-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years  If Under 5,  O Child Restraint	
Name and Address  First Name: Camilly  Middle Initial: C  Last Name: Bark  OCrew  First Name:	City: Hur State: AL Country: Passenger	otsville ZIP: 35902 USA OOther	Seat  OLeft OCenter Right OUnknown Row:	Injury  None OMinor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only 3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None	Restraints  Not Installed Installed Deployed Deployed Unknown	Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily  Middle Initial: C  Last Name: Bark  OCrew  First Name:	City: Hur State: AL Country:	otsville ZIP: 35002 JSA OOther	Seat  OLeft OCenter Right OUnknown Row: OLeft OCenter	Injury  None OMinor OSerious O Fatal OUnknown  ONone OMinor	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camilly  Middle Initial: C  Last Name: Bark  OCrew  First Name:	City: Hur State: AL Country: Passenger	otsville ZIP: 35002 JSA OOther	Seat  OLeft OCenter Right OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OFatal OFATA	Restraint T  Available ONone OLap Only 3-point O5-point OUnknown  Available ONone OLap Only 3-point O4-point O4-point O4-point O4-point	Used O None O Lap Only 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 Deployed Deployed Unknown	Under 5 years  If Under 5, Ohild Restraint Lap-Held Unknown  Under 5 years	
Name and Address  First Name: Camily  Middle Initial: C  Last Name: Bark  OCrew  First Name:	City: Hur State: AL Country:	otsville ZIP: 35002 JSA OOther	Seat  OLeft OCenter Kright OUnknown Row: OLeft OCenter ORight	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OJap Only O3-point	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed Not Deployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held	
Name and Address  First Name: Camily  Middle Initial: C  Last Name: Bark  OCrew  First Name: Middle Initial: Last Name: OCrew	City: Hur State: AL Country:  Passenger  City:  City:  Country:  OPassenger	otsville ZIP: 35902 USA OOther	Seat  OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O5-point OUnknown  Available ONone OLap Only 3-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O5-point OUnknown  Available	Used O None O Lap Only 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	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Not Deployed Deployed	Under 5 years  If Under 5, Ohild Restraint Lap-Held Unknown  Under 5 years  If Under 5, Ohild Restraint	
Name and Address  First Name: Camily  Middle Initial: C  Last Name: Bark  OCrew  First Name: Middle Initial: Last Name: L	City: Hur State: AL Country:  Passenger  City:  Country:  OPassenger  City:  Country:	other	Seat  OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point ONONE ONONE ONONE ONONE ONONE ONONE ONONE ONONE	Used O None O Lap Only 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 Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Deployed Deployed Deployed Deployed Deployed Not Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held	
Name and Address  First Name: Camilla Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: C	City: Hur State: AL Country: L Passenger  City: State: Country: OPassenger  City: State: Country:	O Other	Seat  OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only 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 4-point O Unknown Used O None O Lap Only O 3-point O Unknown	Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: Hur State: AL Country: Passenger  City: State: Country: Characteristics    Country: Country: Country: Country: Country: Country: Country:	Other  ZIP:	Seat  OLeft OCenter Kright OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury  None OMinor OSerious OHinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only 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 Unknown Used O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, If Under 5 years	
Name and Address  First Name: Camilla Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: C	City: Hur State: AL Country: L Passenger  City: State: Country: OPassenger  City: State: Country:	O Other	Seat  OLeft OCenter Kright OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only 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 4-point O Unknown Used O None O Lap Only O 3-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name:	City: Hur State: AL Country: Passenger  City: State: Country: OPassenger  City: State: Country: OPassenger	Other  ZIP:	Seat  OLeft OCenter Kright OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-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 OH-point OS-point OUnknown  Available ONone OLap Only O3-point O4-point	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5 years	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bork OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew  OCrew	City: Hur State: AL Country: L Passenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: Country: OPassenger	Other  ZIP:	Seat  OLeft OCenter Right OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown  OUnknown  OUnknown	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 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 Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Last Name: Middle Initial:	City: Hur State: AL Country:	Other  ZIP: Other	Seat  OLeft OCenter Right OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O5-point OUnknown  Available ONone OLap Only O3-point O5-point OUnknown  Available ONone OLap Only O3-point O5-point OUnknown  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	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 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 1-point	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Installed Not Deployed Unknown  Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bork OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Last Name: Middle Initial: Middle Initial: Last Name: Middle Initial: Midd	City: Hur State: AL Country:	OOther  ZIP: OOther	Seat  OLeft OCenter Right OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-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 O5-point OUnknown  Available ONone OLap Only O3-point O4-point	Used O None O Lap Only 3-point O 4-point O 5-point O Wised 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 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 Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point	Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Camily Middle Initial: C Last Name: Bark OCrew  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial:	City: Hur State: AL Country:	Other  ZIP: Other	Seat  OLeft OCenter Right OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only 3-point O5-point OUnknown  Available ONone OLap Only O3-point O5-point OUnknown  Available ONone OLap Only O3-point O5-point OUnknown  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	Used O None O Lap Only 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 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 1-point	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown	Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown	

FLIGHT ITINERARY INFORM	MATION			In the York was Table	Construction of the second
Last Departure Point Airport ID: KMDQ City: HUNTS VILLE	Time of Departure	Destination Airport ID: City:	KTOI		Type Flight Plan Filed O None O VFR/IFR O Company VFR X IFR O Military VFR O Unknown
State: AL Country: USA	Time Zone:	e Zone: State: A Country: \( \)		3	O Military VFR O Unknown O VFR Activated? Yes O No O Unknown
Type of ATC Clearance/Service (Che None Special V VFR IFR	FR Spe	ecial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisor	
Airspace where the accident/incident  Class A Class G Class B Demo Are Class C Warning A Class D Prohibited Class E Restricted	Mil   Mil   Air,   Irea   Jet   Area   TR:   Area   FAI	itary Operations port Advisory A Training Area SA R 93	rea	□Special □Air Traffic Cont □Unknown	Altitude of In-Flight Occurrence: 397 ft msl
WEATHER INFORMATION		T/INCIDEN		1. 计工作图	
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		Facility ID:Observation Till Time Zone: Distance from A	servation Facility  KTOI  me: O84  CDT  Accident Site:	45 L
Basic Conditions VMC OIMC OUNKNOWN	Light Conditi ODawn Day	ODusk ONight	O Dark O Brigh	Night OUn	ıknown
Sky/Lowest Cloud Condition  O Clear O Thin Bro O Few SThin Ove O Partial Obscuration O Unknown O Scattered  Lowest Cloud Condition Height  ft agl	reast O Broken	00	Obscured Indefinite Unknown	Dew Point: _	(F) (C) or (F) (F) (F) (IIIIIIIIIIIIIIIIIIIIIIIIII
	t and Variable	Wind Gusts Not Gustin -or- Speed:		RVV	
O Light None	☐ Ice Pellets☐ Snow Pellet☐ Snow Grain	Freezing Snow S Ice Pelle Freezing	hower ets Shower	Restriction to	Visibility (Check all that apply)    Fog
Icing Forecast Amount Type None O N/A O Trace O Rime O Light O Moderate O Severe O Unknown Unknown	Icing Actual Amount None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixe O Unkn	d	Turbulence Type (Check a. None Clear Air Terrain-Indu	□ Light □ Moderate seed □ Severe
NOTAMs (D and FDC), AIRMET	s, SIGMETs, PIREPs	in effect at	the time of th	e accident/incid	lent:

## Aircraft Damage Aircraft Fire Aircraft Explosion O None Substantial O Both Ground and In-Flight None

O None Substantial None O Both Grou
O Minor O Destroyed O In-Flight O Fire at Uni
O Unknown O On-Ground O Unknown

O Both Ground and In-Flight
O Fire at Unknown Time

None O Both Ground and In-Flight O Explosion at Unknown Time
O On-Ground O Unknown

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

dentleading edge of right wing approx 3-4 ft from wing root. Fosebage damage above right wing. 2 right side of fosebage windows broken

## 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.

Seconds after touchdown on runway 07, a deer impacted the leading edge of the right wing and then impacted the right side of the fuselage. Neither my wife (possenger) nor I saw the deer before impact. I slowed the plane and taxied opposite direction to see if what we hit was still on the runway. It was not until seeing the deer laying on the runway that I knew what had happened. Taxied to the FBO w/o further incident.

RECOMMENDATION (Hov	could this accident/incident have bee	n prevented?)		
Operator/Owner Safety Recomm	nendation			
Higher fenc	ing around airp	ort perim	eter	
				40/07
MECHANICAL MALFUI	NCTION/FAILURE (If more space	e is needed, continue on	separate sheet)	
Was there Mechanical Malfun	ction/Failure?    Yes No ufacturer, part no., serial no., and describe th	e failure )		Total Time/Cycles On Part
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Hours
				Cycles
				Time Since This Part
				Inspected/Overhauled
				Hours
FUEL & SERVICES INF				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) $\approx 12$	Gallons Fuel Type  O 80/87  S 100 Low Lead O Je O 100/130 O Je	A O JP8	O Other, specify	
Other Services, if Any, Prior to				
EVACUATION OF AIRC	RAFT			
Was an emergency evacuation	of the aircraft performed?	No No		
Method of Exit - Describe how	the occupants exited and how many occu	ipants evacuated each loca	ation	
OTHER AIRCRAFT C	OLLIGION as a series			
	OLLISION (If air or ground collision			t) page to Other Aircraft
Aircraft Registration Number	Manufacturer: Model:			estroyed
Registered Owner of Other Air		Pilot of Other Aire		ubstantial None
Name:		Name:		
City:		City:		
State: ZIP: Country:	Maria Maria Maria	State:	ZIP:	Promise and the second

	ORMATION (Please ional space is needed for		THE CREW WANTED		All Leures eller
e uns space ii adun	ional space is needed in	or any answers.			
		INFORMATION IS COMP			Types Aking and Interespendicular and appropriate form
e of this Report	Name of Pilot/Opera	or Matt A. B	arker		
504/2021	Signature: _	^			
mm/dd/yyyy	or ☐ Check	here to electronically sign thi	s document		
Person Other tha	n Pilot/Operator is Fi	ling Report			
		200 070		Titler	
Clanatural	41111111			Title:	
or C	eck here to electronica	lly sign this document			
LIANS ME		FOR NTSE	USE ONLY		
	ent No. Reviewed	by NTSB Regional Office	Name of Investiga	The second secon	