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

| BASI | CINFORMA | TION | | | | | | | | | | | |
|---|--|---|------------------------|---|---------------------|-------------------------------|-------------------------------|----------------------------|---------------------------------|---|---|-------------------------------|--------------------|
| | nt/Incident Loca | | | | | | Acciden | t/Incid | ent Date/ | Гime | | | |
| Nearest (| City/Place: Smyr | na | | | State: T | N | Date: | 03/0 | 3/2024 | Lo | cal Time: | 18:50 | |
| ZIP: <u>37</u> | 167 C | ountry: Unit | ed States of Ar | nerica | | | | mm/da | /уууу | | 7 | CCT | |
| Latitude: | 36.00'32"N | | Longitude: 86.3 | | | | | | | 11 | me Zone: _ | 551 | |
| (Enter in decimal degrees or degrees:minutes:seconds) | | | | | Collision | n with | Other Air | craft: C |) Midair | OOn-groun | d O None | | |
| AIRC | AIRCRAFT INFORMATION | | | | anandha jiri | | | | 8 15 3 | $t + \varepsilon A$ | | | |
| Registr | ation Number: | N563TR | | | | | | | ped and Ce | | | | |
| Manufa | cturer: Fairch | ild | | | | | | | al Space Fli Aircraft | gnt | | | |
| Model: | SA-227-AT | | | | | | Maxim | um Gr | oss Weigh | t: <u>15</u> 000 | | lbs | |
| Serial N | lumber: AT56 | 3 | | | | | | | e of Accid | | | 200 | _ lbs |
| Year of | Manufacture: | 1983 | | | | | Number | r of Sea | its: 2 | | Flight Cre | ew Seats: 2 | |
| Amateu | r-Built: OYes | | OKit/Plans Mai | ke: N/A | | | | | s <u>0</u> | | | | |
| | ONo | | Original Design | | | | | r of En | gines: 2 | | _ | | |
| _ | ry of Aircraft | Type of A (Check all t | irworthiness Ce | rtificate | | Landing Gea | | | , | | Type (Se | | d Doglast |
| AirplaBallo | | Standar | | | | (Check all tha | <i>cuppiy)</i> Retractable | e | | O Reci | procating o Shaft | OSolid | d Rocket Rocket |
| | /Dirigible | | Normal Restricted | | | ☑ Tricycle | | | ilwheel | Turb | o Prop | O Hybri | d Rocket |
| O Glide O Gyro | | ☐ Aerob☐ Balloo | | | | ☐ Amphibian | 2 | | gh Skid | O Turb O Turb | | O None O Unkn | |
| OHelic | | Comm | | | | Emergency | | ✓Sk | | O Elect | | Ottkii | OWII |
| OPowe | | ✓ Transp | | | _ | Float | | □Sk | | | | | |
| O Rock O Ultra | 10000 | ☐ Utility | | l Light-Spo mental Lig | | Hull | | LISK | i/Wheel | | | (Reciprocativ | |
| O Unkn | | □Certificate | of Authorization | - | | Other Lau | nch/Recov | very Sys | tem | O Carb | uretor | O Fuel- | Injected |
| | | None | | Unknown | (/ | ☐ None | | U | nknown | | | _ | |
| Engine | Engine Menufe | | Engine Model/Series | | | acturer's Number | Dat of M | | O Horser | ower or | Total Time (hours) | Time Inspection (hours) | |
| Engine Eng. 1 | Engine Manufa Garrett | cturer | TPE-331-IIU-612 | 2G | P44464 | | UNK | | 1000 SHF | | 25389.9 | (nours) | 2076.7 |
| Eng. 2 | Garrett | | TPE-331-IIU-61 | 1G | P44453 | С | UNK | N | 1000 SHF |) | 25389.5 | | 3290.4 |
| Eng. 3 | | | | | | | | | | | | | |
| Eng. 4 | | | | | | | | | | | | | |
| Last I | nspection Type | | | Propell | er 1 | ○Fixed Properties ○Controll | | า | Prop | eller 2 | | Fixed Pitch Controllable I | Pitch |
| O100-H | | inuous Airwo | | | | | d Adjustable | | | | | | |
| O A A I I | | ditional Inspec | ction | | | OWDY 4R32 | 21/4-82 | | | | | | 82 |
| Date Last Inspection: 02/12/2024 Model: DRI/DRG 1448/8 | | | | | | | | RG 604/ | | | | | |
| mm/dd/yyyy ELI Installed: • Yes | | | | ⊙ Yes ○ | No | | Addition Addition | - | ipment (| Check all that | apply) | | |
| Airframe Total Time: 25389.9 hrs lf Yes: hours measured at (Select one) ELT Manufacturer: ART | | | er: ARTEX | | | □Air | frame Para | | | | | | |
| OLast Inspection | | | .: ME 406 | | | | | ck Indicato | г | | | | |
| TSO No.: OC91 (121.5 MHz) | | | | (121.5 MHz) © | C91a (12 | 1.5 MH | -// | a Recorde | r | | | | |
| Genza (No. mar) | | | | | | | | | | Handheld De | vice | | |
| O Conditional (Amateur-built only) | | | | | | TIEL. | | lltifunction mary Fligh | | | | | |
| Manufacturer's Inspection Program Was ELT still connected to | | | | | | ma. Oft | LO UNO | | | | | | |
| Viain | litional (Amateur-lufacturer's Inspect | ion Program | | Was EL | | | | | _ | ndheld GP: | | | |
| O Othe | litional (Amateur-l ufacturer's Inspect Approved Inspec | ion Program tion Program | (AAIP) | Was ELT Did ELT If active | Activate | ? OYes Of | No | | Hea | ds Up Dis | play | | |
| O Othe O Cont | litional (Amateur-lufacturer's Inspect | ion Program tion Program | (AAIP) | Was ELT Did ELT If active | Activate | | No | | ☐ Hea | ids Up Dis board Wea ellite Track | play ther king Device | e | |
| O Othe O Cont O Othe | litional (Amateur-lifacturer's Inspect r Approved Inspect inuous Airworthin r, specify: | ion Program tion Program ess | | Was EL' Did EL'I If active Did EL'I If not ac | Activated: Aid in L | ? OYes ON | No ft: OYes | | ☐ Hea ☐ Ont ☐ Sate ☐ Stal | ds Up Dis poard Wea ellite Track I Warning | play ther king Device System | | Ž. |
| O Othe O Cont O Othe Descrip | litional (Amateur-lafacturer's Inspect or Approved Inspectinuous Airworthin or, specify: | tion Program tion Program ess tinguishing | System | Was EL' Did ELT If active Did ELT | Activated: Aid in L | ? OYes ⊙! .ocating Aircra! | No ft: OYes nage | | ☐ Hea ☐ Onb ☐ Sate ☐ Stal ☐ Vid | nds Up Dis poard Wea ellite Track I Warning eo Record | play ther king Device System ing Device | | ż |
| O Othe O Cont O Othe Descrip | litional (Amateur-lafacturer's Inspect of Approved Inspect inuous Airworthin of Specify: | ion Program tion Program ess tinguishing | System ottles & 1 | Was EL' Did EL'I If active Did EL'I If not ac | Activated: Aid in L | ? OYes ON | No ft: OYes mage ge | o ⊙ No | ☐ Hea ☐ Onb ☐ Sate ☐ Stal ☐ Vid | ds Up Dis poard Wea ellite Track I Warning | play ther king Device System ing Device | | Ž. |

| OWNER/OPERATOR INFORMA | TION | | | | | |
|--|---|---|--|--|--|--|
| Registered Aircraft Owner | | City: Cedar City | | | | |
| Name: Kolob Canyons Air Services | | State: Utah ZIP: <u>84720</u> | | | | |
| Fractional Ownership Aircraft: O Yes O | No | Country: United States of America | | | | |
| Operator of Aircraft | gistered Owner | ☑ Same Address as Registered Owner | | | | |
| Name: | | City: | | | | |
| Doing Business As: | | State: ZIP: | | | | |
| Air Carrier/Operator Designator (4 Characte | er Code): | Country: | | | | |
| Operating Certificates Held (Check all that apply) | Regulation Flight Conducted Und | 5 TAD 101 105 100 125 | | | | |
| □ 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) | OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial | 431 Non-Scheduled or Air Taxi OInternational | | | | |
| On-Demand Air Taxi (FAR 135) | O Non-US, Non-commercial | | | | | |
| ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) | OPublic Aircraft (Select one) | Purpose of Flight for FAR 91, 103, 133, 137 (Select one) | | | | |
| □ 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 Opsitioning O Unknown O Firefighting O Unknown O Flight Test O Glider Tow 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 | | | | | |
| AIRPORT INFORMATION (Fill in | if accident/incident occurred on app | proach, landing, takeoff, departure, or within 3 miles of an airport) | | | | |
| | | Distance From Airport Center: 0.5 | | | | |
| Airport Name: Smyrna Airport Identifier: KMQY | | Direction From Airport: 110 degrees true | | | | |
| Proximity to Airport: O Off Airport/Airstri | ip On Airport/Airstrip ON/A | Airport Elevation: 543 ft. msl | | | | |
| | | | | | | |
| Runway Information Runway ID: 14 (L/R/C) Length: 80 Runway/Landing Surface (Check all that a Check all tha | apply) adam Water al/Wood | Condition of Runway/Landing Surface (Check all that apply) □ Dry | | | | |
| Approach/Departure Segment (Select one | 9) | | | | | |
| OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb | OOn Instrument Ap | oproach OBase OFinal OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown | | | | |
| IFR Approach (Check all that apply) | | VFR Approach (Check all that apply) | | | | |
| ☑ None | | ✓None | | | | |
| □ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV | □MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown | ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown | | | | |

| "FLIGHT CREWMEMB | ER 1" INF | ORMATIC | ON | | | | | | | | | |
|---|---|--------------------|---------|---|-----------------------|----------|------------------------|-------------------|----------------------------|-------------------|----------------------------|------------|
| "Flight Crewmember 1" Resp | onsibilities at | the Time of | f Accid | dent/Inci | dent | | | | | | | |
| Pilot O Co-Pilot | Student Pilot | O Flight I | nstruct | or O | Check Pilo | ot | O Flight | Engineer | O Other F | light Crew | | |
| "Flight Crewmember 1" was p | | ☑Yes □ N | No | | | | | | | | | |
| "Flight Crewmember 1" Ident | tification | | | | | | | | | | | |
| First Name: Lance | | | | | | Cit | y of Res | idence: <u>Lo</u> | | | | |
| Middle Initial: S | | | | | | Sta | ite: Nev | ada | Z | ZIP: <u>89021</u> | | |
| Last Name: Terry | | | | | | Co | untry: _U | JSA | | | | |
| Age at time of A | ccident/Incide | nt: <u>45</u> | _ D | Date of Bi | rth: | | | mr | n/dd/yyyy | | | |
| | | C | ertific | ate Numb | oer: | | | | | | | |
| Degree of Injury | Seat Occup | ied | | | 1 | Restr | aint Typ | e | | 1 | nflatable R | Restraints |
| None | • Left | O Front | C |) Unknow | n | A | vailable | | Used | | | |
| O Serious | O Right O Center | O Rear O Single | | | | | O None | | O None O Lap only | , | ✓ Not Inst | |
| Pilot Certificate(s) (Check all th | nat annly) | | | | | | O Lap onl O 3-point | | O 3-point | · | Not Dep | |
| □ None □ Flight Inst | | Commercial | | ☐ US Mil | itary | (| • 4-point | | ⊙ 4-point | | ☐ Deploye | |
| ☑ Private ☐ Recreation | nal 🗸 | Airline Transp | ort | ☐ Foreign | | | O 5-point O Unknov | v.m | O 5-point O Unknow | 'n | ☐ OHKHOW | VII |
| ☐ Student ☐ Sport | | Flight Enginee | er | | | , | Olikilov | VII | O common | | | |
| Principal Occupation Me | edical Certific | ate | | | | Medi | cal Certi | ficate Val | idity | | Date of Las | t Medical |
| | None C | Class 3 | | | | | | tations/waiv | | nknown | 0.4.4.4.10.00 | 2.4 |
| | © Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A - 01/1 | | | | 01/11/202 mm/dd/yy | | | | | | | |
| O Unknown O Medical Certificate Limitation | | Unknown | | | | OSpe | ecial Issua | nce | | | | 77 |
| | 115 | | | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medical Certificate Special Is | suance | | | | - | | | | | | | |
| N/A | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Date of Last Flight Review | | Fligh | nt Rev | iew Airci | raft | | | | | | | |
| or Equivalent, Including | 04/00/0004 | _ | | RCHILD | | | | | | | | |
| FAR 121/135 Checks: | 01/26/2024 mm/dd/yyyy | 1 | - | -227AT | | | | | | | | |
| Airplane Rating(s) | Other Aircra | | | Instrume | ent Ratin | 10(6) | Т | Instructor | Rating(s) | | | |
| in plane reading(s) | (Check all that d | 0.,, | 1 | (Check all | | CI / | | (Check all t | | | | |
| | ✓ None | | | ☐ None | | | | ✓ None | | | Instrument A | |
| | ☐ Airship ☐ Balloon | | | ☑ Airplar☐ Helicor | | | | | Single-Engi Multi-Engir | | Instrument I Helicopter | Helicopter |
| ☑ Multiengine Land | Glider | | | ☐ Powere | | | | ☐ Gyropla | | | Glider | |
| | ☐ Gyroplane | | | | | | | ☐ Powered | Lift | | Sport | |
| | ☐ Helicopter☐ Powered Lift | t | | | | | | | | | | |
| Type Ratings | Student Endorsements (Include dates) | | | | | | | | | | | |
| SA-227 (PIC) | | | | | | | | | | | | |
| EMB-120 (SIC) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Ai | irplane | | Т | | | | | | |
| Flight Time (Enter appropriate | All | This Make | S | Single | Airplan | | NO. 1 | | ument | n | CILL I | Lighter |
| number of hours in each box) | Aircraft | & Model | - | ngine | Multieng | 983 | Night 1,047 | Actual 140 | Simulated 130 | Rotorcraft 56 | Glider 0 | Than Air |
| Total Time | 2,901 2,079 | 948 822 | _ | 868 818 | | 261 | 1,000 | _ | 130 | 10 | 0 | 0 |
| Pilot in Command (PIC) Time as Instructor | | 022 | - | 0 | ', | 0 | - 1,000 | - | 0 | 0 | 0 | |
| I IIIIC as IIIsti actoi | 0 | U | | | | | | | | | j Ui | 0 |
| This Make/Model | U | | | 12.5 | | | 575 | 109 | 5 | 1 / Ed. 1 | U | 0 |
| This Make/Model Last 90 Days | 84 | 84 | | 0 | | 84 | | | 5 | 0 | 0 | 7 |
| This Make/Model Last 90 Days Last 30 Days | | | | | | 84 60 | 575 | 14 | | | | 0 0 |

| "FLIGHT CREWMEMBER 2" INFORMATION | | | | | | | | | | |
|---|---|------------------|--|---------------|-------------------|--|-------------------------|------------------|------------------------------|-----------|
| "Flight Crewmember 2" Resp | "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident | | | | | | | | | |
| OPilot OCo-Pilot (| OPilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew | | | | | | | | | |
| "Flight Crewmember 2" was | | ☐ Yes 🗸 | No | | | | | | | |
| "Flight Crewmember 2" Iden | tification | | | | | | | | | |
| First Name: JOHN | | | | Ci | ty of Res | idence: <u>CO</u> | LORADO | SPRINGS | | |
| Middle Initial: A M | | | | St | ate: CO | | Z | IP: <u>80906</u> | | |
| Last Name: OLIVER | | | | Co | ountry: _ | JSA | | | | |
| Age at time of Ac | ccident/Inciden | t: <u>24</u> | Date of Bir | | | | /dd/yyyy | | | |
| | | Cer | tificate Numb | er: | | | | | | |
| Degree of Injury | Seat Occupi | ied | | Res | traint Ty | pe | | 1 | nflatable R | estraints |
| O None O Fatal O Minor O Unknown | OLeft ORight | OFront | OUnknow | n 2 | Available | | Used | | | |
| O Serious | OCenter | ORear OSingle | | | O None | | O None | | ☑ Not Inst | |
| Pilot Certificate(s) (Check all to | hat apply) | | | | O Lap or O 3-poin | | O Lap only O 3-point | ′ | □ Not Dep | |
| ☐ None ☐ Flight Ins | tructor 🖸 (| Commercial | ☐ US Mil | litary | • 4-poin | t | 4-point | | Deploye | |
| ☑ Private ☐ Recreatio | nal 🗖 | Airline Transpo | ort | | O 5-poin | | O 5-point O Unknow | n | Unknow | 'n |
| Student Sport | | Flight Engineer | г | | Onkik | , , , , , | O Cimmon | | | |
| Principal Occupation Me | edical Certific | ate | | Med | lical Cer | tificate Val | lidity | 1 | Date of Las | t Medical |
| | _ | Class 3 | | _ | | itations/waiv | | nknown | 00/17/201 | 22 |
| | O Other O Unknown O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A O Special Issuance | | | | | 'A | 08/17/202 mm/dd/vy | | | |
| Medical Certificate Limitatio | | Olikilowii | | 103 | peciai Issu | ance | | | | |
| N/A | 113 | | | | | | | | | |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| Medical Certificate Special Is | suance | | | | | | | | | |
| N/A | | | | | | | | | | |
| | | | | | | 15 | | | | |
| Date of Last Flight Review | | Flight | Review Airc | raft | | | | | | |
| or Equivalent, Including FAR 121/135 Checks: | 06/05/2023 | Make: | FAIRCHILD | | | | | | | |
| | mm/dd/yyyy | Model | : SA-227 | | | | | | | |
| | Other Aircraf | 0., | | ent Rating(s) | | Instructor | Rating(s) | | | |
| 11 // | (Check all that a | pply) | The same of the sa | that apply) | | (Check all th | at apply) | _ | | |
| | ☐ None ☐ Airship | | ☐ None ☐ Airplat | ne | | ☑ None □ Airplane | Single-Engin | . | Instrument A Instrument H | |
| ☐ Single-Engine Sea | ☐ Balloon | | ☐ Helico | pter | | ☐ Airplane | Multi-Engine | | Helicopter | encopiei |
| | ☐ Glider ☐ Gyroplane | | ☐ Powere | ed Lift | | ☐ Gyroplan☐ Powered | | | Glider Sport | |
| Multiengine Sea | ☐ Helicopter | | | | 1 | L Fowered | LIII | | Sport | |
| | ☐ Powered Lift | | | | | G. I | | | | |
| Type Ratings Student Endorsements (Include dates) | | | | | | | | | | |
| SA-227 SIC N/A | | | | | | | | | | |
| , | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Flight Time (Enter appropriate | All | This Make | Airplane Single | Airplane | | Inst | rument | | | Lighter |
| number of hours in each box) | Aircraft | & Model | Engine | Multiengine | Night | Actual | Simulated | Rotorcraft | Glider | Than Air |
| Total Time | 776 | 444 | 276 | 500 | 33 | | - | 0 | 0 | 0 |
| Pilot in Command (PIC) | 275 | 0 | 240 | 35 | - | | 55 | 0 | 0 | 0 |
| Time as Instructor | 0 | 0 | 0 | 0 | | 0 0 | | 0 | 0 | 0 |
| This Make/Model | 447 | 64 | 52 | 64 | 27 8 | | | 0 | | 0 |
| Last 90 Days | 117 76 | 64 54 | 21 | 54 | | | | 0 | | 0 |
| Last 30 Days | 0 | 0 | 0 | 0 | | 0 0 | | 0 | 0 | 0 |
| Last 24 Hours | U | U | U | L | | | | | | U |

| ADDITIONAL PLIGH | IT CREWMEMBE | ERS (| Exclusive | of cabin cre | w complete | the followin | a information) | | |
|---|--|---|-------------------------|---|--|---|--|---|--|
| Crew Name and Addres | | | water the second | Or GODIN GIC | | | Seat Occupie | d | Injury |
| First Name: N/A | | City | of Davidan | oa: N/A | | | O Left | OFront | O None |
| Middle Initial: N/A | Oily of Residence. | | | | | | O Center | O Rear O Single | O Minor O Serious |
| NI/A | _ | | | | 111111111111111111111111111111111111111 | | O Right | OUnknown | O Fatal |
| Last Name. 1971 | | Coun | itry. IN/A | | | | | | O Unknown |
| Pilot Certificate(s) (Che | ck all that apply) | | | | | | Restraint Typ Available | ve: Used | Inflatable |
| □ None | ☐ Flight Instructor | | nmercial | | Military | | O None | O None | Restraints |
| | Recreational | | ine Transpo | | eign | | O Lap Only | O Lap Only | ☐ Not Installed ☐ Installed |
| □ Student L | Sport | ☐ Flig | ht Engineer | Γ | | | O 3-point O 4-point | O 3-point O 4-point | ■ Not Deployed |
| Type Rating/Endorseme | ent for | | Total Fli | ight Time at | the Time | | O 5-point | O 5-point | ☐ Deployed☐ Unknown |
| Accident/Incident Aircr | raft? □ Yes □ |] No | of this A | ccident/Inci | dent: | hrs | O Unknown | O Unknown | |
| | | | | | | | | | taria anno de la Calda de Cald |
| Crew Name and Addres | ss | | | | | | Seat Occupie | | Injury |
| First Name: N/A | | City | of Residen | nce: N/A | | | OLeft OCenter | O Front O Rear | O None O Minor |
| Middle Initial: N/A | _ | State | e: <u>N/A</u> | Z | CIP: N/A | | OCenter ORight | OSingle | O Serious |
| Last Name: N/A | Last Name: N/A Country: N/A | | | | | _ | | OUnknown | O Fatal O Unknown |
| | | | | | | | Restraint Typ | | Inflatable |
| Pilot Certificate(s) (Che | _ | | | - | | | Available | Used | Restraints |
| | ☐ Flight Instructor☐ Recreational | 1100.00 | nmercial line Transp | | Military | | O None | O None O Lap Only | ☐ Not Installed |
| | Sport | | ght Enginee | | C.B. | | O Lap Only O 3-point | O 3-point | ☐ Installed |
| T D-4:/F1 | | | T-4-LEI | i-l-4 Time at | the Time | | O 4-point | O 4-point | ☐ Not Deployed ☐ Deployed |
| Type Rating/Endorsem Accident/Incident Airc | | ¬ No | | light Time at .ccident/Inci | | hrs | O 5-point O Unknown | O 5-point O Unknown | Unknown |
| | | | | | | | | | |
| LYOOFINGELION (| THER PERSON | NEL (| include c | abin crew; co | ontinue on se | parate shee | t if necessary) | a Signer A | A WAR STORY |
| | THER PERSON | NEL (| include c | | | | t if necessary) | Inflatable | |
| Name and Address | THER PERSON | NEL (| include c | abin crew; co | Injury | Restraint T | `ype | Inflatable Restraints | Age |
| | | | | Seat | Injury | | | Restraints | |
| Name and Address | City : N/A | | | Seat OLeft OCenter | Injury ONone OMinor | Restraint T Available ONone OLap Only | Used O None O Lap Only | Restraints Not Installed Installed | ☐ Under 5 years |
| Name and Address First Name: N/A | City : <u>N/A</u> State: <u>N/A</u> ZI | P: <u>N/A</u> | | Seat OLeft OCenter ORight | ONone OMinor OSerious | Restraint T Available O None O Lap Only O 3-point | Used O None O Lap Only O 3-point | Restraints Not Installed Installed Not Deployed | Under 5 years If Under 5, |
| Name and Address First Name: N/A Middle Initial: Last Name: N/A | City: N/A State: N/A ZI Country: N/A | P: <u>N/A</u> | | OLeft OCenter ORight OUnknown | ONone OMinor OSerious | Restraint T Available ONone OLap Only O3-point O4-point O5-point | Used O None O Lap Only O 3-point O 4-point O 5-point | Restraints Not Installed Installed | Under 5 years If Under 5, |
| Name and Address First Name: N/A Middle Initial: | City : <u>N/A</u> State: <u>N/A</u> ZI | P: <u>N/A</u> | | Seat OLeft OCenter ORight | ONone OMinor OSerious OFatal | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown | Restraints Not Installed Installed Not Deployed Deployed | ☐ Under 5 years If Under 5, O Child Restraint |
| Name and Address First Name: N/A Middle Initial: Last Name: N/A OCrew | City: N/A State: N/A Country: N/A OPassenger | P: <u>N/A</u> | | OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown | Restraints Not Installed Installed Not Deployed Deployed Unknown | Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown |
| Name and Address First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A | City: N/A State: N/A ZI Country: N/A OPassenger City: N/A | P: <u>N/A</u> | | Seat OLeft OCenter ORight OUnknown Row: OLeft | ONone OMinor OSerious OFatal | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only | Restraints Not Installed Installed Not Deployed Deployed | Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown |
| Name and Address First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A Middle Initial: | City: N/A State: N/A ZI Country: N/A OPassenger City: N/A State: N/A ZI | (P: <u>N/A</u> | | Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point | 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 | Restraints Not Installed Installed Not 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, |
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| Name and Address First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A Address | City: N/A State: N/A ZI Country: N/A OPassenger City: N/A State: N/A ZI Country: N/A OPassenger City: N/A Country: N/A Country: N/A State: N/A ZI Country: N/A | O O O O O O O O O O O O O O O O O O O | ther | Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown OLeft OUnknown OUnknown OUnknown | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O Lap Only | 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 5-point O Unknown Used O None O Lap Only O 3-point O 5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Deployed 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, If Under 5 years If Under 5 years |
| Name and Address First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A Middle Initial: Last Name: N/A OCrew First Name: N/A Middle Initial: Last Name: N/A OCrew | City: N/A State: N/A ZI Country: N/A OPassenger City: N/A ZI Country: N/A OPassenger City: N/A ZI Country: N/A OPassenger | O O O O O O O O O O O O O O O O O O O | ther | Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OSerious OSerious | Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Available O None C Lap Only O 3-point O 1-point | Used ONone OLap Only O3-point O4-point O5-point OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O1-point O4-point O5-point O4-point O4-point O5-point | Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Deployed 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 Lap-Held O Unknown |
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| FLIGHT ITINERARY IN | NEORMATION | | | The Mark Mark | | | |
|--|--|---|---|-------------------------------------|---|-------------------------|---|
| Last Departure Point | | of Departure | Destination | on | | Type Fligh | nt Plan Filed |
| Airport ID: KMQY | | • | Airport ID: | | | O None | O VFR/IFR |
| City: SYMRNA | Time: | 1900 | City: ARL | | | O Company O Military | y VFR |
| State: TENNESSEE | Time | Zone: CT | State: TEX | | | O VFR | VI K O CHKHOWH |
| Country: USA | | | Country: U | | | Activated? | ⊙ Yes ONo OUnknown |
| Type of ATC Clearance/Serv | ice (Check all that a | pply) | | | | | |
| □ None □ | Special VFR IFR | ☐ Spe | cial IFR R On Top | | □ VFR Flight Follow□ Traffic Advisory | | ☐ Cruise ☐ Unknown / NA |
| ☐ Class B ☐ I ☐ Class C ☐ V ☐ Class D ☐ I | lincident occurred Class G Demo Area Warning Area Prohibited Area Restricted Area | ☐ Mili ☐ Airr | itary Operations port Advisory Ar Fraining Area SA | | □Special □ Air Traffic Contr □ Unknown | rol Area | Altitude of In-Flight Occurrence: N/A ft msl |
| WEATHER INFORMA | TION AT THE | ACCIDENT | I/INCIDEN | T SITE | | | |
| Source of Pilot Weather Info (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (On-Board Weather | Comp Comp Milit Inter | pany ary net | | Weather Observation Time Zone: C | me: <u>1845</u> | | nm |
| Basic Conditions | | Light Conditi | on | | | | |
| OVMC OIMC OUnknown | | ODawn ODay | ODusk ONight | DarkBrig | Night OUn ht Night | known | |
| Sky/Lowest Cloud Condition | n | Ceiling | | | Temperature: | 18 | (C) or(F) |
| | Thin Broken Thin Overcast | None (Clear)Broken | | Obscured Indefinite | Dew Point: 1 | 5 (C | C) or(F) |
| | Unknown | O Overcast | | Unknown | Altimeter Sett | | in. Hg |
| Lowest Cloud Condition He N/A | ight ft agl | Ceiling Heigh N/A | t | ft agl | | oi | WD |
| Wind Direction | Wird Speed | | Wind Gusts | · | Visibility | 10 | |
| □ Variable | Calm | | ✓ Not Gustin | | 1 | | |
| Variable | ☐ Light and Varia | ble | | | | : N/A | |
| -or- | -or- | T | -or- | 7 | 1 | N/A | |
| Direction: 180 degrees true | | | Speed: | kts | Density Altitu | | |
| Intensity of Precipitation O Light O Moderate O Heavy O N/A O Unknown | Type of Precipita ☑ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers | Ation (Check all I Drizzle Ice Pellets Snow Pellet Snow Grain Ice Crystals | ☐ Freezin ☐ Snow S ☐ Ice Pell ☐ Freezin | shower ets Shower | Restriction to None Blowing Du Blowing Sa Blowing Sn Blowing Sp Dust | ust G | Check all that apply) Fog Ground Fog Haze Ice Fog Smoke Unknown |
| Icing Forecast | | Icing Actual | | | Turbulence | | 0 |
| Amount Type ⊙ None ⊙ N/A | | Amount O None | Type N/A | | Type (Check a ☑ None | ill that apply) | Severity □Light |
| O Trace O Rime | | O Trace | O Rime | | Clear Air | | Moderate |
| O Light O Clear O Moderate O Mixed | | O Light O Moderate | O Clear O Mixe | | ☐ Terrain-Indi | | ☐ Severe ☐ Extreme |
| O Severe O Unknow | n | O Severe | O Unki | | | | - |
| OUnknown | | O Unknown | | | | | |
| NOTAMs (D and FDC), A MQY RUNWAY 01/19 DEC | | | | | | | |
| | | | | | | | |

| DAMAGE" | TO AIRCRAFT | ND OTHER PRO | PERTY | | |
|------------------------------|-------------|---|--|--|---|
| Aircraft Dama O None O Minor | | Aircraft Fire None In-Flight On-Ground | O Both Ground and In-Flight O Fire at Unknown Time O Unknown | Aircraft Explosion None In-Flight 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)

The collapsing of the left main gear caused a puncture to the left wing fuel tank, simultaneously bending the left wing flap and damaging the bottom of the left wing. The left propeller was destroyed, while the left engine needs further inspection to determine the extent of the damage. There was also damage to the underside of the fusalage near the tail.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On 3-3-2024, my co-pilot and I were scheduled to go on a trip. As a preparation, we did our routine pre-flight inspection and had our aircraft fueled. At 1850 CST, we started the engines and began taxiing from Kolob Air Services Hangar to the east ramp under the control tower. We had been communicating with the Smyrna Ground and were about 150 feet into our taxi when we felt what seemed like a collapse of the left main landing gear. There was a jolt and an incredibly loud banging noise. I looked out the left window and saw the left propellar striking the ground and the left wing was on the ground. I immediately went through the emergency shutdown procedure and shut down the aircraft. Tower recognized that something was wrong and called for the Fire Department and airport authorities to come to the scene. We exited the aircraft noticing severe damage to the left propellar, the left wing on the ground with fuel leaking from it and the left main gear collapsed with a giant hole just behind the wheels of the left main gear. The hole appeared to be several feet in diameter and several feet deep. We moved a safe distance from the aircraft until the Fire Department and airport authorities arrived. We contacted our company. Soon after, the mechanics were dispatched to the airport. The fire department also called for a hazmat crew to deal with the leaking fuel. I spoke with the firefighters and Airport Authorities on scene. I also spoke with the FAA on the phone. I stayed with the aircraft until a crane was about to pick it up. At this point, I was released by airport authorities and our company to leave the scene.

| MECHANICAL MALFUNCTION/FAILURE (if more space) is needed, continue on separate sheet) Mechanical Malfunction/Failure (if more space) is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? vs. | DESCRIPTION OF THE PROPERTY OF | | | | | | |
|--|--|------------------------------|--|-------------------|--------------------------------------|------------------------------------|--|
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? | RECOMMENDATION (How | could this a | ccident/incident ha | ve been preve | ented?) | | |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? | Operator/Owner Safety Recomme | ndation | | | | | |
| Was there Mechanical Malfunction/Failure? | More frequent maintance inspendave helped prevent this accide | ections with ent. | an emphasis on g | round erosio | n and sink hole o | development on the | ramps and taxi areas may |
| Was there Mechanical Malfunction/Failure? | | | | | | | |
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| I HEREBY CERTIFY THAT T | HE ABOVE INFORMATION IS COMPLE | ETE AND ACCURATE TO THE BEST OF I | MY KNOWLEDGE |
| Date of this Report Name of | Pilot/Operator: Lance Terry | | |
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| mm/dd/yyyy or | Check here to electronically sign this | document | |
| If a Person Other than Pilot/Oj | erator is Filing Report | | |
| Name: | | Title: | |
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| or Check here t | | | |
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| NTSB Accident/Incident No. | | | Date Report Received |