

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: <u>Dallas</u> State: <u>TX</u> ZIP: <u>75201</u> Country: <u>USA</u> Latitude: <u>32.66</u> Longitude: <u>96.88</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>07/23/2022</u> Local Time: <u>1437</u> <i>mm/dd/yyyy</i> Time Zone: <u>COT</u>
Collision with Other Aircraft: Midair <input type="checkbox"/> On-ground <input checked="" type="checkbox"/> <u>None</u>	

AIRCRAFT INFORMATION

Registration Number: <u>N 3027 J</u> Manufacturer: <u>PIPER</u> Model: <u>PA 32RT-300T</u> Serial Number: <u>32R-7987075</u> Year of Manufacture: <u>1978</u> Amateur-Built: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes: Kit/Plans <input type="checkbox"/> Make: _____ Original Design <input type="checkbox"/>	IFR-Equipped and Certified Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft <input type="checkbox"/> Maximum Gross Weight: <u>3600</u> lbs Weight at Time of Accident/Incident: <u>2750 approx</u> lbs Number of Seats: <u>6</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: <u>5</u> Number of Engines: <u>1</u>
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Category of Aircraft <input checked="" type="checkbox"/> Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/>	Standard	Special	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Retractable Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/>	Engine Type (Select one) <input checked="" type="checkbox"/> Reciprocating Turbo Shaft <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Electric <input type="checkbox"/> Liquid Rocket <input type="checkbox"/> Solid Rocket <input type="checkbox"/> Hybrid Rocket <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Fuel System Type (Reciprocating) Carburetor <input type="checkbox"/> <input checked="" type="checkbox"/> Fuel-Injected
Standard	Special																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	<u>LYCOMING</u>	<u>T10-540SR</u>			<u>310</u>	<u>2310</u>	<u>2</u>	<u>1195</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour <input type="checkbox"/> AAIP <input type="checkbox"/> <input checked="" type="checkbox"/> Annual Continuous Airworthiness <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Unknown <input type="checkbox"/> Date Last Inspection: <u>7-5-21</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>2890</u> hrs hours measured at (Select one) <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident	Propeller 1 <input checked="" type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: _____ Model: _____ Propeller 2 <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch <input type="checkbox"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="checkbox"/> Annual Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____	ELT Installed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) <input type="checkbox"/> C91a (121.5 MHz) <input type="checkbox"/> C126 (406 MHz) <input type="checkbox"/> Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did ELT Activate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If activated: Did ELT Aid in Locating Aircraft? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not activated: Indicate Reason: Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown <input type="checkbox"/>
Description of Fire Extinguishing System <input checked="" type="checkbox"/> None Specify: _____	Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> <input checked="" type="checkbox"/> Autopilot Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input type="checkbox"/> <input checked="" type="checkbox"/> Stall Warning System Video Recording Device <input type="checkbox"/> Other, Specify: <u>Garmin 430</u>

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: R. ALLEN JACKSON

City: [REDACTED]

Fractional Ownership Aircraft: Yes No

State: [REDACTED] ZIP: [REDACTED]

Country: US

Operator of Aircraft

Same As Registered Owner

Name: R. ALLEN JACKSON

Same Address as Registered Owner

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held (Check all that apply)

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

Regulation Flight Conducted Under

- FAR 91
- FAR 129
- FAR 415
- FAR 103
- FAR 133
- FAR 431
- FAR 121
- FAR 135
- FAR 435
- FAR 125
- FAR 137
- FAR 437
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Public Aircraft (Select one)
- Armed Forces
- Federal
- State
- Local
- Unknown

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

- Scheduled or Commuter
- Non-Scheduled or Air Taxi
- Domestic
- International
- Passenger
- Cargo
- Mail Contract Only

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

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

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

Airport Name: Dallas Executive

Distance From Airport Center: 2 sm

Airport Identifier: KRBD

Direction From Airport: SW degrees true

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

Airport Elevation: 659 ft. msl

Runway Information

Runway ID: 31 (L/R/C) Length: 7136 ft Width: 100 ft

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

Runway/Landing Surface (Check all that apply)

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

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

Approach/Departure Segment (Select one)

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

IFR Approach (Check all that apply)

- None
- ADF/NDB
- SDF
- VOR/TVOR
- VOR/DME
- TACAN
- PAR
- Sidestep
- ILS
- Localizer Only
- LOC-back course
- RNAV
- MLS
- LDA
- ASR
- Visual
- Contact
- Circling
- Practice
- GPS
- Unknown

VFR Approach (Check all that apply)

- None
- Traffic Pattern
- Straight-In
- Valley/Terrain Following
- Go Around
- Full Stop
- Stop and Go
- Touch and Go
- Simulated Forced Landing
- Forced Landing
- Precautionary Landing
- Unknown

"FLIGHT CREWMEMBER 1" INFORMATION													
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew <input type="checkbox"/>													
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
"Flight Crewmember 1" Identification First Name: <u>Rex</u> City of Residence: [REDACTED] Middle Initial: <u>Allen</u> State: [REDACTED] ZIP: [REDACTED] Last Name: <u>Jackson</u> Country: <u>US</u> Age at time of Accident/Incident: <u>67</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]													
Degree of Injury None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> <u>Serious</u> <input checked="" type="checkbox"/>			Seat Occupied <u>Left</u> <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown <input type="checkbox"/>			Restraint Type Available None <input type="checkbox"/> Lap only <input type="checkbox"/> <u>3-point</u> <input checked="" type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/>			Used None <input type="checkbox"/> Lap only <input type="checkbox"/> <u>3-point</u> <input checked="" type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown <input type="checkbox"/>		Inflatable Restraints <u>Not Installed</u> <input checked="" type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown <input type="checkbox"/>		
Pilot Certificate(s) (Check all that apply) None <input type="checkbox"/> <u>Flight Instructor</u> <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> <u>Airline Transport</u> <input checked="" type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer <input type="checkbox"/>													
Principal Occupation Pilot <input type="checkbox"/> <u>Retired</u> <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			Medical Certificate None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> <u>Class 2</u> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			Medical Certificate Validity Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> <u>With limitations/waivers</u> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Special Issuance <input type="checkbox"/>			Date of Last Medical <u>Jan 01 / 04 / 2021</u> mm/dd/yyyy				
Medical Certificate Limitations <u>Glasses for near vision</u>													
Medical Certificate Special Issuance													
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>1-21-21</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PA28 PIPER</u> Model: <u>PA28-201C</u>									
Airplane Rating(s) (Check all that apply) None <input type="checkbox"/> <u>Single-Engine Land</u> <input checked="" type="checkbox"/> Single-Engine Sea <input type="checkbox"/> <u>Multiengine Land</u> <input checked="" type="checkbox"/> Multiengine Sea <input type="checkbox"/>			Other Aircraft Rating(s) (Check all that apply) 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 <input type="checkbox"/>			Instrument Rating(s) (Check all that apply) None <input type="checkbox"/> <u>Airplane</u> <input checked="" type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/>			Instructor Rating(s) (Check all that apply) None <input type="checkbox"/> <u>Airplane Single-Engine</u> <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/>				
Type Ratings <u>SA227, BA-310</u> <u>SF340, EMB145</u> <u>MD-AC-9, B-757/767</u>						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		
Total Time		33,000	360	4,000	29,000	6,000	600	250	0	0	0		
Pilot in Command (PIC)		24,000	360	4,000	20,500	300	200	100	0	0	0		
Time as Instructor		460	0	460	0	20	5	6	0	0	0		
This Make/Model						120	15	2					
Last 90 Days		10	2	10	0	2	1	0	0	0	0		
Last 30 Days		4	0	4	0	0	0	0	0	0	0		
Last 24 Hours		0	0	0	0	0	0	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: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
		Available None Lap only 3-point 4-point 5-point Unknown	Used None Lap only 3-point 4-point 5-point Unknown	

Pilot Certificate(s) (Check all that apply)			
None	Flight Instructor	Commercial	US Military
Private	Recreational	Airline Transport	Foreign
Student	Sport	Flight Engineer	

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) (Check all that apply) None Airplane Helicopter Powered Lift	Instructor Rating(s) (Check all that apply) None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

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

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

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: _____	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
	Other			4-point	4-point		
		5-point	5-point				
		Unknown	Unknown				
First Name: _____	City: _____	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
	Other			4-point	4-point		
		5-point	5-point				
		Unknown	Unknown				
First Name: _____	City: _____	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
	Other			4-point	4-point		
		5-point	5-point				
		Unknown	Unknown				
First Name: _____	City: _____	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____ ZIP: _____			None	None		
Last Name: _____	Country: _____			Lap Only	Lap Only		
Crew	Passenger			3-point	3-point		
	Other			4-point	4-point		
		5-point	5-point				
		Unknown	Unknown				

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KGKY</u> City: <u>Arlington</u> State: <u>TX</u> Country: <u>US</u>	Time of Departure Time: <u>0230 pm</u> Time Zone: <u>CPT</u>	Destination Airport ID: <u>RTKI</u> City: <u>McKinney</u> State: <u>TX</u> Country: <u>US</u>	Type Flight Plan Filed <input checked="" type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input type="checkbox"/> VFR VFR/IFR IFR Unknown Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input checked="" type="checkbox"/> Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

<input checked="" type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special	Altitude of In-Flight Occurrence: <u>3000</u> ft msl
<input checked="" type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area	
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA		
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Weather Service</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td><input type="checkbox"/> Flight Service Station</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> TV/Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Automated Report</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Commercial Weather Service (DUATS)</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> On-Board Weather</td> <td></td> </tr> </table>	<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Automated Report	<input type="checkbox"/> None	<input type="checkbox"/> Commercial Weather Service (DUATS)	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: <u>KGKY</u> Observation Time: <u>0200 1400 CPT</u> Time Zone: <u>CPT</u> Distance from Accident Site: <u>12</u> nm Direction from Accident Site: <u>W</u> degrees true
<input type="checkbox"/> National Weather Service	<input type="checkbox"/> Company												
<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Military												
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Internet												
<input type="checkbox"/> Automated Report	<input type="checkbox"/> None												
<input type="checkbox"/> Commercial Weather Service (DUATS)	<input checked="" type="checkbox"/> Unknown												
<input type="checkbox"/> On-Board Weather													

Basic Conditions <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC <input type="checkbox"/> Unknown	Light Condition <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dawn</td> <td><input type="checkbox"/> Dusk</td> <td><input type="checkbox"/> Dark Night</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input checked="" type="checkbox"/> Day</td> <td><input type="checkbox"/> Night</td> <td><input type="checkbox"/> Bright Night</td> <td></td> </tr> </table>	<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dark Night	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Bright Night	
<input type="checkbox"/> Dawn	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dark Night	<input type="checkbox"/> Unknown						
<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Bright Night							

Sky/Lowest Cloud Condition <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Clear</td> <td><input type="checkbox"/> Thin Broken</td> </tr> <tr> <td><input type="checkbox"/> Few</td> <td><input type="checkbox"/> Thin Overcast</td> </tr> <tr> <td><input type="checkbox"/> Partial Obscuration</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Scattered</td> <td></td> </tr> </table>	<input type="checkbox"/> Clear	<input type="checkbox"/> Thin Broken	<input type="checkbox"/> Few	<input type="checkbox"/> Thin Overcast	<input type="checkbox"/> Partial Obscuration	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Scattered		Ceiling <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None (Clear)</td> <td><input type="checkbox"/> Obscured</td> </tr> <tr> <td><input type="checkbox"/> Broken</td> <td><input type="checkbox"/> Indefinite</td> </tr> <tr> <td><input type="checkbox"/> Overcast</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> None (Clear)	<input type="checkbox"/> Obscured	<input type="checkbox"/> Broken	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Overcast	<input checked="" type="checkbox"/> Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB <u>Unknown</u>
<input type="checkbox"/> Clear	<input type="checkbox"/> Thin Broken															
<input type="checkbox"/> Few	<input type="checkbox"/> Thin Overcast															
<input type="checkbox"/> Partial Obscuration	<input checked="" type="checkbox"/> Unknown															
<input type="checkbox"/> Scattered																
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<input type="checkbox"/> Broken	<input type="checkbox"/> Indefinite															
<input type="checkbox"/> Overcast	<input checked="" type="checkbox"/> Unknown															
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl															

Wind Direction Variable <u>UNK</u> -or- Direction: _____ degrees true	Wind Speed Calm <u>UNK</u> Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting <u>UNK</u> -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet <u>UNK</u> RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Drizzle</td> <td><input type="checkbox"/> Freezing Rain</td> </tr> <tr> <td><input type="checkbox"/> Rain</td> <td><input type="checkbox"/> Ice Pellets</td> <td><input type="checkbox"/> Snow Shower</td> </tr> <tr> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Snow Pellets</td> <td><input type="checkbox"/> Ice Pellets Shower</td> </tr> <tr> <td><input type="checkbox"/> Hail</td> <td><input type="checkbox"/> Snow Grains</td> <td><input type="checkbox"/> Freezing Drizzle</td> </tr> <tr> <td><input type="checkbox"/> Rain Showers</td> <td><input type="checkbox"/> Ice Crystals</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Freezing Rain	<input type="checkbox"/> Rain	<input type="checkbox"/> Ice Pellets	<input type="checkbox"/> Snow Shower	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow Pellets	<input type="checkbox"/> Ice Pellets Shower	<input type="checkbox"/> Hail	<input type="checkbox"/> Snow Grains	<input type="checkbox"/> Freezing Drizzle	<input type="checkbox"/> Rain Showers	<input type="checkbox"/> Ice Crystals		Restriction to Visibility (Check all that apply) <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> None</td> <td><input type="checkbox"/> Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Dust</td> <td><input type="checkbox"/> Ground Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Sand</td> <td><input type="checkbox"/> Haze</td> </tr> <tr> <td><input type="checkbox"/> Blowing Snow</td> <td><input type="checkbox"/> Ice Fog</td> </tr> <tr> <td><input type="checkbox"/> Blowing Spray</td> <td><input type="checkbox"/> Smoke</td> </tr> <tr> <td><input type="checkbox"/> Dust</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Fog	<input type="checkbox"/> Blowing Dust	<input type="checkbox"/> Ground Fog	<input type="checkbox"/> Blowing Sand	<input type="checkbox"/> Haze	<input type="checkbox"/> Blowing Snow	<input type="checkbox"/> Ice Fog	<input type="checkbox"/> Blowing Spray	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	<input type="checkbox"/> Unknown
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Icing Forecast <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Icing Actual <table style="width: 100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td>Rime</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td>Clear</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td>Mixed</td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td>Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>	Amount	Type	<input checked="" type="checkbox"/> None	N/A	<input type="checkbox"/> Trace	Rime	<input type="checkbox"/> Light	Clear	<input type="checkbox"/> Moderate	Mixed	<input type="checkbox"/> Severe	Unknown	<input type="checkbox"/> Unknown		Turbulence <table style="width: 100%;"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td><input checked="" type="checkbox"/> None</td> <td>Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td>Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type	Severity	<input checked="" type="checkbox"/> None	Light	<input type="checkbox"/> Clear Air	Moderate	<input type="checkbox"/> Terrain-Induced	Severe	<input type="checkbox"/> Convective Turbulence	Extreme
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NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**None
MinorSubstantial
Destroyed
Unknown**Aircraft Fire**None
In-Flight
On-GroundBoth Ground and In-Flight
Fire at Unknown Time
Unknown**Aircraft Explosion**None
In-Flight
On-GroundBoth Ground and In-Flight
Explosion at Unknown Time
Unknown**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

Aircraft was substantially damaged to engine nacelle, wings, fuselage, propeller due to impact with trees/terrain

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.

I do not remember the day of this flight, but I am sure I would have completed all pre-flight & pre-takeoff checks, which would have included a mag check. No defects/concerns were apparent—otherwise I would not have departed.

The fact I was airborne only 4-5 minutes when the engine magnetos caused the engine to fail, seems to indicate the overhaul (accomplished April, 2021 & less than 2 hours prior) was defective.

Invoice to FAA 8130 attached.

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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

NOT SURE - EITHER ~~FUEL CONTAMINATION~~
OR ~~ENGINE VALVE OR INTERNAL FAILURE~~
NTSB has advised "magneto's were arcing internally"

Total Time/Cycles
On Part

< 2 Hours
Cycles

Time Since This Part
Inspected/Overhauled

< 2 Hours

FUEL & SERVICES INFORMATION

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

40 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

C+R removed pilot

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

Aircraft Registration Number

Manufacturer: NA
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.

See attached Invoice for magneto overhaul
+ FAA 8130-3

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

Date of this Report

12-29-2022
mm/dd/yyyy

Name of Pilot/Operator: Rex Allen Jackson

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.
CEN22LA344

Reviewed by NTSB Regional Office
Central

Name of Investigator
Mitchell Gallo

Date Report Received
12/29/2022



INVOICE

No. : 084409 Pg:1/1

Bill To :	Shipped To :
AUGUSTUS AVIATION SERVICE LLC Attn: WILLIAM KOONCE	AUGUSTUS AVIATION SERVICE LLC Attn: WILLIAM KOONCE
UNITED STATES Tel. :	UNITED STATES Tel. :

S.O. No. :	Our Ref :	Domestic AWB :
Customer P.O. : N3027J	Warranty :	Int'l AWB :
Invoice Date : Apr-14-2021	Ref 3 :	Origin :
Due Date : Apr-15-2021	Status :	Transport :
Ship Via : FEDEX GROUND	License No. :	Nationality:
F.O.B. : ORIGIN	Expires :	Trip/Flight:
Shipped Date : Apr-14-2021	Terms : CREDIT CARD	

Line	P/N & Description	Cnd	Qty Ordered	Shipped	Unit Sell Price	Amount
1	10-682560-13 (D6LN-3000) IC BENDIX DUAL MAGNETO Priority [CP]: CUSTOMER PROPERTY Serial No(s): G199915GR	5HR	1 EA	1 (Qty. Back 0)		

<p>These items are controlled by the US Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user herein identified. They may not be resold, transferred or otherwise disposed of to any other country or person other than the authorized ultimate consignee or end-user either in their original form, or after being incorporated into other items without first obtaining approval from the U.S. Government as otherwise authorized by US law and regulations.</p> <p>Restocking fee of [REDACTED] applies to all returned items. Our complete core policy can be found at [REDACTED]</p>	Sub Total:	
	Freight:	
	Total:	[USD]
	Paid/Credit Applied:	[USD]
Balance:	[USD]	

1. Approving Civil Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG		3. Form Tracking Number: QAAA# [REDACTED]	
4. Organization Name and Address: Quality Aircraft Accessories Inc. (QYIR334Y) Phone: [REDACTED] Fax: [REDACTED]		5. Work Order/Contract/Invoice Number: 074968			
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:
1	DUAL MAGNETO	10-682560-13	1	G199915GR	REPAIRED
12. Remarks: <input checked="" type="checkbox"/> MSB 645 500 HR. IMPULSE INSPECTION (AD 2005-12-06) <input checked="" type="checkbox"/> MSB ES 01 DUAL MAGNETO IMPULSE S8643C MAINTENANCE INTERVALS 500 HR INSPECTION S8658 DISTRIBUTOR GEAR MAINTENANCE S8605A/ AD79-18-06 HOUSING DISTORTION					
MANUAL# TW10000 IR ISSUE DATE: 11/01/2018 INSTALLER MUST COMPLY WITH COMING SERVICE INSTRUCTION JS08C DUAL MAGNETO ATTACHMENT AND CONTINENTAL MOTORS SB651 CAPACITOR INFORMATION AND INSTALLATION FOR D-2000 AND D-3000 SERIES MAGNETOS. High resistance or discontinuity between the capacitor and the remainder of the magneto will result in destruction of the contact assembly, loss of ignition, and loss of engine power. The work described in block 11 and subsequent inspections to the article(s) defined in blocks 7 through 10 were performed in accordance with current regulations of The Federal Aviation Agency and the article is approved for return to service. RECORDS OF WORK PERFORMED ARE MAINTAINED ON FILE AND WILL BE FURNISHED ON REQUEST.					
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.		14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature:		13c. Approval/Authorization No.:		14c. Approval/Certificate No.: [REDACTED]	
13d. Name (Typed or Printed):		13e. Date (dd/mm/yyyy):		14d. Date (dd/mm/yyyy): 12/APR/2021	
14b. Authorized Signature: [REDACTED]		14d. Name (Typed or Printed): Joseph R. Ellis			
User/Installer Responsibilities					
It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.					
Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.					

NSN (0052-000-012-9005)

FAA Form 8130-3 (02-14)