

**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>Montauk</u> State: <u>NY</u> ZIP: <u>11954</u> Country: <u>US</u> Latitude: <u>41.080°N</u> Longitude: <u>71.92°W</u> <small>(Enter in decimal degrees or degrees:minutes:seconds)</small>					Accident/Incident Date/Time Date: <u>08/10/2020</u> Local Time: <u>12:15</u> <small>mm/dd/yyyy</small> Time Zone: <u>EST</u>																																																	
Collision with Other Aircraft: <input type="radio"/> Midair <input checked="" type="radio"/> On-ground <input type="radio"/> None																																																						
AIRCRAFT INFORMATION																																																						
Registration Number: <u>48175</u> Manufacturer: <u>PIPER</u> Model: <u>PA-32-260</u> Serial Number: <u>32-1277</u> Year of Manufacture: <u>1969</u> Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____					<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>3400</u> lbs Weight at Time of Accident/Incident: <u>2750</u> lbs Number of Seats: <u>6</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: _____ Passenger Seats: <u>4</u> Number of Engines: <u>1</u>																																																	
Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown		Type of Airworthiness Certificate <small>(Check all that apply)</small> Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Restricted <input type="checkbox"/> Aerobatic <input type="checkbox"/> Limited <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 <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown		Landing Gear <small>(Check all that apply)</small> <input type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> 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		Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected																																																
<table border="1"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. <small>mm/dd/yyyy</small></th> <th>Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust</th> <th>Total Time <small>(hours)</small></th> <th>Time Since: Inspection <small>(hours)</small></th> <th>Overhaul <small>(hours)</small></th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>LYCOMING</u></td> <td><u>O-570-E485</u></td> <td><u>L-11995-40C</u></td> <td><u>1969</u></td> <td><u>260</u></td> <td><u>489</u></td> <td><u>8</u></td> <td><u>489</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time <small>(hours)</small>	Time Since: Inspection <small>(hours)</small>	Overhaul <small>(hours)</small>	Eng. 1	<u>LYCOMING</u>	<u>O-570-E485</u>	<u>L-11995-40C</u>	<u>1969</u>	<u>260</u>	<u>489</u>	<u>8</u>	<u>489</u>	Eng. 2									Eng. 3									Eng. 4								
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Last Inspection Type <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input checked="" type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>07/30/2020</u> <small>mm/dd/yyyy</small> Airframe Total Time: <u>11071.1</u> hrs hours measured at (Select one) <input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident			Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>Hartzell</u> Model: <u>HC-C24R-1BF</u>			Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____																																																
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____			ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: <input type="radio"/> OC91 (121.5 MHz) <input type="radio"/> OC91a (121.5 MHz) <input type="radio"/> OC126 (406 MHz)			Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input checked="" type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input checked="" 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 checked="" type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____																																																
Description of Fire Extinguishing System <input type="radio"/> None <input checked="" type="radio"/> Specify: <u>Fire Ext between seats mounted on floor</u>			Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input checked="" type="checkbox"/> Unknown																																																			

OPERATOR INFORMATION		
Registered Aircraft Owner Name: <u>Richard Oliver</u>		City: <u>Pearl River</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		State: <u>NY</u> ZIP: <u>10965</u>
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: <u>Richard Oliver</u>		<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415 <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 113 <input type="checkbox"/> FAR 431 <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435 <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Public Aircraft (Select one) <input type="checkbox"/> Armed Forces <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic <input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Mail Contract Only
Revenue Sightseeing Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Air Medical Flight <input type="radio"/> Yes <input checked="" type="radio"/> No	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test <input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow <input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional <input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use <input type="checkbox"/> Business <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning <input type="checkbox"/> External Load <input type="checkbox"/> Skydiving <input type="checkbox"/> Ferry
AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)		
Airport Name: <u>Montauk Airport</u>		Distance From Airport Center: <u>0</u> sm
Airport Identifier: <u>MTP</u>		Direction From Airport: _____ degrees true
Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		Airport Elevation: <u>7</u> ft. msl
Runway Information Runway ID: <u>24</u> (L/R/C) Length: <u>3246</u> ft Width: <u>75</u> ft		Condition of Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Shrub-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown
Runway/Landing Surface (Check all that apply) <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown		
Approach/Departure Segment (Select one) <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around <input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Unknown <input type="radio"/> Aborted Landing (after touchdown)		
IFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> SDF <input type="checkbox"/> Sideslip <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown		VFR Approach (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew "Flight Crewmember 1" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>Richard</u> City of Residence: <u>Pearl River</u> Middle Initial: <u>A</u> State: <u>NY</u> ZIP: <u>10965</u> Last Name: <u>Oliver Jr</u> Country: <u>US</u> Age at time of Accident/Incident: <u>59</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input checked="" type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type Available <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input type="radio"/> Lap only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown			Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																																																																																																				
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown			Medical Certificate <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Validity <input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			Date of Last Medical <u>07/19/2020</u> mm/dd/yyyy																																																																																											
Medical Certificate Limitations 																																																																																																				
Medical Certificate Special Issuance 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/31/2019</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>PIPER</u> Model: <u>PA-32-260</u>																																																																																																
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																												
Type Ratings 						Student Endorsements (Include dates) 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>192.2</td> <td>62</td> <td>192.2</td> <td>0</td> <td>12.8</td> <td>9</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>92.1</td> <td>62</td> <td>92.1</td> <td>0</td> <td>12.8</td> <td>9</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>16.8</td> <td>16.8</td> <td>16.8</td> <td>0</td> <td>2.8</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>8</td> <td>8</td> <td>8</td> <td>0</td> <td>1.3</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>3</td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											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	192.2	62	192.2	0	12.8	9	1	0	0	0	Pilot in Command (PIC)	92.1	62	92.1	0	12.8	9	1				Time as Instructor	0	0	0	0	0	0	0				This Make/Model											Last 90 Days	16.8	16.8	16.8	0	2.8	0	0				Last 30 Days	8	8	8	0	1.3	0	0				Last 24 Hours	3	3	3	0	0	0	0			
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																																																																																										
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Last 30 Days	8	8	8	0	1.3	0	0																																																																																													
Last 24 Hours	3	3	3	0	0	0	0																																																																																													

FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>HPN</u> City: <u>Westchester</u> State: <u>NY</u> Country: <u>US</u>		Time of Departure Time: <u>11:30</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>MTP</u> City: <u>Montauk</u> State: <u>NY</u> Country: <u>US</u>		Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input checked="" type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input checked="" type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input 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 checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			
Altitude of In-Flight Occurrence: _____ ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) <input checked="" 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 type="checkbox"/> Unknown <input checked="" type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
Sky/Lowest Cloud Condition <input type="radio"/> Clear <input type="radio"/> Thin Broken <input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered		Ceiling <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown	
Lowest Cloud Condition Height <u>6000</u> ft agl		Ceiling Height <u>6000</u> ft agl	
Temperature: _____ (C) or <u>80's</u> (F)		Dew Point: _____ (C) or _____ (F)	
Altimeter Setting: <u>30.6</u> in. Hg or _____ MB		Visibility <u>10.5</u> miles RVR: _____ feet RVV: _____ miles	
Wind Direction <input type="checkbox"/> Variable Direction: <u>E</u> degrees true		Wind Speed <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable Speed: _____ kts	
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown		Wind Gusts <input checked="" type="checkbox"/> Not Gusting Speed: _____ kts	
Type of Precipitation (Check all that apply) <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		Density Altitude: _____ ft	
Restriction to Visibility (Check all that apply) <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		Icing Forecast Amount: <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown Type: _____	
Icing Actual Amount: <input checked="" type="radio"/> None <input type="radio"/> N/A <input type="radio"/> Trace <input type="radio"/> Rime <input type="radio"/> Light <input type="radio"/> Clear <input type="radio"/> Moderate <input type="radio"/> Mixed <input type="radio"/> Severe <input type="radio"/> Unknown Type: _____		Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe <input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:			

RECOMMENDATION (How could this accident/incident have been prevented?)	
Operator/Owner Safety Recommendation <i>Held more authority w/ power. Held higher altitude to clear updraft from wind hitting dune. Land well past threshold</i>	
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)	
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>	Total Time/Cycles On Part ____ Hours ____ Cycles Time Since This Part Inspected/Overhauled ____ Hours
FUEL & SERVICES INFORMATION	
Fuel on Board at Last Takeoff <i>(Convert from pounds, as necessary)</i> <u>84</u> Gallons	Fuel Type <input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive
Other Services, if Any, Prior to Departure	
EVACUATION OF AIRCRAFT	
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method of Exit - Describe how the occupants exited and how many occupants evacuated each location <i>Doors</i>	
DAMAGE TO OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)	
Aircraft Registration Number: _____ Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)			
Use this space if additional space is needed for any answers.			
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Date of this Report <u>08/23/2020</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator <u>[Redacted] - Richard A. Oliver Jr</u>	Signature: <u>[Redacted]</u>	
		-- or --	<input type="checkbox"/> Check here to electronically sign this document
If a Person Other than Pilot/Operator is Filing Report			
Name: _____		Title: _____	
Signature: _____			
		<input type="checkbox"/> Check here to electronically sign this document	
FOR NTSB USE ONLY			
NTSB Accident/Incident No. ERA17LKT28 ERA20CA282	Reviewed by NTSB Regional Office ERA	Name of Investigator D. Boggs	Date Report Received 8/24/2020