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

BASIC INFORM	ATION							accide	IIIS a		idents	
Accident/Incident Lo	cation						Accident/Inc	ident Doto	/Time			
Nearest City/Place: Ode	essa			State:	TX							
ZIP: <u>79765</u>	Country: Ur	nited States of	America			'		1/20/2020 1/dd/yyyy	I	Local Time:	9:50 AM	***************************************
Latitude: N31°55.28'		Longitude: W	102°23.23	3'	_				5	Time Zone:	Central	
(Enter in decim	al degrees or	degrees:minutes:	seconds)				Collision with	h Other Ai	rcraft:	O Midair	OOn-grou	ınd © Non
AIRCRAFT INFO	RMATIC	N										
Registration Number	N710NA		· ·				☑ IFR-Equ	ipped and C	ertified			
Manufacturer: Cessi	na						☐ Commerce	cial Space Fl	ight			
Model: <u>182-B/TW</u>		4					Maximum G		t. 2900		11	
Serial Number: 5229	7				13333555511-0-341		Weight at Ti				lbs	11
Year of Manufacture:	1959					1	Number of S					lbs
Amateur-Built: OYes If Yes: OKit/Plans Make:						Cabin Crew Sea				rew Seats: 1		
⊙No		Original Desig	n				Number of E			rassenge	er Seats: 3	
Category of Aircraft	Type of A	Airworthiness (Certificate		Landin	g Gear	7		Engin	e Type (S	alast one)	
O Airplane O Balloon	(Check all Standar	that apply) cd Special			(Check o					iprocating		id Rocket
OBlimp/Dirigible	✓ Norm	al Restr					etractable		O Tur	bo Shaft		Rocket
OGlider OGyroplane	Aerob				Tricy	cle	1	ailwheel	O Turl	bo Prop	ONone	rid Rocket
OHelicopter	☐ Balloo	Books A A O V A			Amp			ligh Skid	O Turl		OUnki	
OPowered Lift	☐ Trans	port Exper			☐Eme		Float S		O Elec	etric		
ORocket OUltralight	☐ Utility		al Light-Spo	ort	Hull			ki/Wheel	Fuel Su	retom Tymo	(Reciprocati	
OUnknown	Cortificat		rimental Lig		Othe	r Launc	h/Recovery Sy	stem	⊙ Cart			ng) Injected
	None	e of Authorization	Unknown	(COA)	☐ Non	l .		Jnknown			O r acr	injected
						-	Date	Rated Pow	er	Total	Time	Since:
Engine Engine Manufa	cturer	Engine Model/Series		Manufa Serial N	cturer's		of Mfg.	Horsep	ower or	Time	Inspection	Overhaul
Eng. 1 Continental		0-470-L 0-470-	50		-L-R 272	0	mm/dd/yyyy 01/01/1961	O lbs of 7	hrust	(hours) 4578.4	(hours) 62.9	(hours)
Eng. 2								210		4370.4	02.9	696.7
Eng. 3 Eng. 4												
			70 77		O.F.	100.1						
Last Inspection Type			Propelle	er I		ed Pitch trollab	i le Pitch	Prope	ller 2		Fixed Pitch Controllable I	24-1
O100-Hour OConti OAAIP OCond	nuous Airwo itional Inspec	rthiness			OGro		ljustable				Ground Adjus	
Annual OUnkn	own	ciion		turer: H				Manut	facturer: _			
Date Last Inspection:	03/04/2	020			YR-1RF			Model	:			
T	mm/dd/yy		ELT Ins	talled:	⊙ Yes	ONo		Addition	nal Equi	pment (Check all that	apply)
Airframe Total Time: 4		hrs	If Yes:		40.4			☑ ADS	-B			11 37
hours measured at (Secondary Measurement (Sec		11 ./8	Model or	Part No :	r: <u>ACK T</u>	echno	logies		ame Parac	chute k Indicator		
		ccident/Incident				OC9	1a (121.5 MHz	Auto	pilot			
Гуре of Maintenance Рі ⊙ Annual	rogram (Sel	lect one)			(406 MHz)		()	Data	Recorder		Handheld Dev	rice
O Conditional (Amateur-bu	uilt only)		Was ELT	still mou	nted in air	craft?	OYes ONo	☑ Elect	ronic Mul	tifunction 1	Display	ice
Manufacturer's Inspection	n Program		Was ELT	still conn	ected to a	tenna:	OYes ONo	☑ Electr	ronic Prin	nary Flight	Display	
Other Approved Inspection Continuous Airworthines	on Program (AAIP)	If activat		OYes	O No		1000000	held GPS s Up Disp			
Other, specify:			•		cating Air	craft: (OYes ONo	Onbo	ard Weat	her		
Description of Fire Exti	nguishing S	System	If not act		8.44		- 100	Satell	ite Tracki Warning S	ing Device		- 1
O None	1.5	-	Indicate R		☐ Impact		9	Video	Recordin	ng Device		
Specify: Halon 2.5Lb extinguisher	nano neid	ше			Fire Da	nage		Other	, Specify:	property 200		
.3=.101					☐ Battery ☐ Unknov	Expired m	l/Damaged					
						-		L				

OWNER/OPERATOR IN	IFORM!	ATION							
Registered Aircraft Owner									
Name: William H Evans, Jr.						City: Garde	endale		
Fractional Ownership Aircraft:	O Ves 6) No				State: TX		ZIP: <u>797</u>	58
						Country: Ur	nited States	of America	
	Same As Re	gistered Owner				☐ Same Address	as Registered O	Owner	
Name:					City:				
Doing Business As:									
Air Carrier/Operator Designator (4	4 Characte	er Code):							
Operating Certificates Held (Check all that apply)		Regulation 1	Flight Condu	cted U	nder	Revenue Opera	ation for FAI		
☑None ☐Flag Carrier Operating Certificate (F☐Supplemental ☐Air Cargo ☐Foreign Air Carriers (FAR 129)		O FAR 121	OFAR 129 OFAR 133 OFAR 135 OFAR 137	OFAR OFAR OFAR	k 431 k 435	O Scheduled or O Non-Schedule	Commuter ed or Air Taxi	O Dome O Intern	
□Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135) □On-Demand Air Taxi (FAR 135) □Commercial Air Tour (FAR 136)	5)	OFAR 91 Spec ONon-US, Con ONon-US, Non	mmercial			O Cargo O Mail Contract	Only		
☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)		OPublic Aircra O Armed F				Purpose of Fligh (Select one)		1, 103, 133, 13	7
☐ Certificate of Authorization or Waive ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation Li ☐ Other Operator of Large Aircraft		O Federal O State O Local O Unknown				O Aerial Applica O Aerial Observa O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corp	ation OFI OGI V OIn OOt OPe	irefighting light Test lider Tow structional ther Work Use ersonal ositioning	OUnknown
Revenue Sightseeing Flight		Air Medical I	light		-	O External Load	•	cydiving	
OYes O No		O Yes		- 1		O Ferry			
		O I cs	No	- 1					
AIRPORT INFORMATION	l (Fill in if	o = 000000000000000000000000000000000000				Landa de la constante			
AIRPORT INFORMATION	(Fill in if	o = 000000000000000000000000000000000000		on ap					(100 Y 100 Y
Airport Name: Schlemeyer Fiel	(Fill in if	o = 000000000000000000000000000000000000		on ap	Dist	ance From Airpo	ort Center: .5	5	sm
Airport Name: Schlemeyer Fiel Airport Identifier: KODO	eld	accident/incid	lent occurred		Dist Dire	ance From Airpo ection From Airp	ort Center: .5	5	sm degrees true
Airport Name: Schlemeyer Fiel Airport Identifier: KODO	eld	accident/incid	lent occurred	on ap	Dist Dire	ance From Airpo	ort Center: .5	5	sm degrees true
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: O Off Airport Runway Information	eld	accident/incid	lent occurred		Dist Dire Airp	ance From Airpo ection From Airp port Elevation: <u>3</u> 0	ort Center: <u>.5</u> oort: 003.6	5	sm degrees true _ft. msl
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: O Off Airport Runway Information Runway ID: 16 (L/R/C) Len	ort/Airstrip	On Airport a n wid	lent occurred		Dist Dire Airp Cond	ance From Airpo ection From Airpo oort Elevation: 30 lition of Runway,	ort Center: _5 ort: 003.6 /Landing Sur	rface (Check al	smdegrees trueft. msl I that apply) (ater-Calm
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: O Off Airpo Runway Information	ort/Airstrip	On Airport On Airport oly) am	lent occurred /Airstrip O	N/A	Dist Dire Airp Cond	ance From Airport Elevation: 30 lition of Runway, y [les [Covered [ugh [bber Deposits]	ort Center: .5 oort: 003.6 /Landing Sur	rface (Check al acted Wed W	smdegrees trueft. msl I that apply) Vater-Calm Vater-Choppy Vater-Glassy
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: Off Airport Runway Information Runway ID: 16 (L/R/C) Len Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel	ort/Airstrip ngth: 5003 all that app Macada Metal/V	On Airport On Airport oly) am	Airstrip O	N/A	Dist Dire Airp Cond	ance From Airport Elevation: 30 lition of Runway, y [les [Covered [ugh [bber Deposits]	ort Center: _5 ort: 003.6 /Landing Sur _ Snow-Compa _ Snow-Cruste _ Snow-Dry _ Snow-Wet _ Soft	rface (Check al acted Wed W	smdegrees trueft. msl I that apply) Vater-Calm Vater-Choppy Vater-Glassy Vet
Airport Name: Schlemeyer Field Airport Identifier: KODO Proximity to Airport: Off Airport Runway Information Runway ID: 16 (L/R/C) Lend Runway/Landing Surface (Check Asphalt Grass/Turf Gravel Dirt Gravel Dirt Gravel OTaxi OTaxi OTaxi OTakeoff OInitial Climb	ont/Airstrip ngth: 500: all that app Macada Metal/V Snow elect one) rture ture Procede	On Airport On Airport On Wide Oly) Im Wood	Airstrip O	N/A	Dist Dire Airp Cond	ance From Airport Elevation: 30 lition of Runway, y [les [Covered [ugh [bber Deposits]	ort Center: _5 ort:	rface (Check all acted Wed Wed Wed Wed Wed Wed Wed Wed Wed W	smdegrees trueft. msl I that apply) 'ater-Calm 'ater-Choppy 'ater-Glassy 'et nknown
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: Off Airport Runway Information Runway ID: 16 (L/R/C) Len Runway/Landing Surface (Check Asphalt Grass/Turf Gravel Dirt Gravel Dirt Gravel OTaxi OVFR Depart OTakeoff OFFR Depart	ont/Airstrip ngth: 500: all that app Macada Metal/V Snow elect one) rture ture Procede	On Airport On Airport On Wide Oly) Im Wood	dent occurred Airstrip O th: 75 Vater inknown	N/A	Dist Dire Airp Cond Dr Ho I ce	cetion From Airport Elevation: 3d lition of Runway, y bles Covered ugh bber Deposits sh-Covered ODownwind OBase OFinal OCrosswind Approach (Chec.	Ont Center: _5 Ont:	rface (Check all acted Wed Wed Wed Wed Wed Wed Wed Wed Wed W	smdegrees trueft. msl I that apply) 'ater-Calm 'ater-Choppy 'ater-Glassy 'et nknown
Airport Name: Schlemeyer Fiel Airport Identifier: KODO Proximity to Airport: Off Airport Runway Information Runway ID: 16 (L/R/C) Len Runway/Landing Surface (Check Asphalt Grass/Turf Concrete Gravel Dirt Gravel Dirt Gravel OTaxi OVFR Depart OTaxi OVFR Depart OTakeoff OIFR Depart OInitial Climb IFR Approach (Check all that apply)	ngth: 500: all that app Macada Metal/V Snow elect one) rture ture Procedu	On Airport On Airport On Wide Oly) Im Wood	dent occurred Airstrip O th: 75 Vater inknown	N/A _ft ent App	Dist Dire Airp Cond Dr Ho I lee Ro Slu Oroach VFR Non	ance From Airport Elevation: 3d Lition of Runway, y loles Covered Lough Covered Lough Covered Covered	Ont:	rface (Check all acted Wed Wed Wed Wed Wed Wed Wed Wed Wed W	smdegrees trueft. msl I that apply) Vater-Calm Vater-Choppy Vater-Glassy et inknown r touchdown)

"FLIGHT CREWME	MBER 1" IN	FORMAT	ION								
"Flight Crewmember 1" R	Responsibilities a	at the Time o	of Accident/I								
Pilot O Co-Pilot "Flight Crowmomber 12"	O Student Pilo			O Check	Pilot	O Flig	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" w		☑Yes □	No		<u></u>	***					
"Flight Crewmember 1" Id	dentification										
First Name: William					(City of Re	esidence: (<u>Gardendale</u>	9		
Middle Initial: H	-				State: _TX						
Last Name: Evans				**********		Country:	United S	tates of Ar	nerica		
Age at time of	of Accident/Incid	lent: <u>55</u>	_ Date of	Birth: _			,	nm/dd/yyyy			7.
		(Certificate Nu	mber: _							
Degree of Injury	Seat Occup				Restraint Type In				Inflatable 1	Restraints	
O None O Fatal O Minor O Unknown	O Left O Right	O Front O Rear	O Unkno	own		Available	e	Used			
O Serious	0 10 0 100					O None O Lap o		O None O Lap on	ler	☑ Not Ins	
Pilot Certificate(s) (Check a	ıll that apply)					O 3-poir		O3-point		☐ Installe	
		Commercial	US N	lilitary		⊙ 4-poir		O4-point		□ Deploy	red
☐ Private ☐ Recre. ☐ Student ☐ Sport	Section Control of Control	Airline Transp Flight Engine		gn		O 5-poir O Unkno		O 5-point O Unkno		Unkno	wn
_ opon		T ngin Dilgino	OI .			1					
Principal Occupation	Medical Certifi	icate			Med	dical Cer	tificate Va	alidity		Date of La	st Medical
O Pilot O Other	O CHARLOWII						40				
O Unknown			ense (Sport Pilo						19 vvv		
Medical Certificate Limita				4(1-3		*		***			
Basic Med											
Modical Continue Contra	T.	***************************************							***********************		
Medical Certificate Special	Issuance										
D. C.					ļ						****
Date of Last Flight Review or Equivalent, Including			t Review Air	craft							
FAR 121/135 Checks:	07/31/2020	DAMESTER OF THE STREET	Cessna		ļ						
	mm/dd/yyyy		: 182-B/TW								
Airplane Rating(s) (Check all that apply)	Other Aircra	01/	Instrun								
□ None	(Check all that a	appiy)	(Check a		1						
☑ Single-Engine Land	Airship		☑ Airpl	ane			☐ None ☐ Airplan	e Single-Eng		Instrument Instrument	
☑ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helic ☐ Powe	1			☐ Airplan ☐ Gyropla	e Multi-Engi		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane		Liowe	icu Liit			Powere			Sport	
	☐ Helicopter ☐ Powered Lift	ì								20 6 .	
Type Ratings	Li Towerou Bii						Student F	Endorseme	nts (Include a	dates)	
									ires (memae e	aurcs)	
			Airplane				Т		1		
Flight Time (Enter appropriate number of hours in each box)	2.55	This Make	Single	Airpl				rument			Lighter
Total Time	Aircraft 1,530	& Model 799	Engine 1,526	Multie		Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	1,439	799	1,439		0	30		101	0	0	0
Time as Instructor	0	0	0		0	0		0	0	0	0
This Make/Model					TOTAL STATE	25		101			
Last 90 Days	45	40	45		0	3		0	0	0	0
Last 30 Days	16	15	16		0	3		0	0	0	0
Last 24 Hours	0	0	0		0	0		0	0	0	0

"FLIGHT CREWMEN	BER 2" INFOF	RMATIO	N							
"Flight Crewmember 2" Re	esponsibilities at the	Time of	Accident/Incide	nt						
OPilot OCo-Pilot	O Student Pilot	OFlight Ins	structor OChe	eck Pilo	ot OF	light Engineer	r O Othe	er Flight Crew	σ	
"Flight Crewmember 2" wa		Yes 🔲	No			1786 Ska				
"Flight Crewmember 2" Ide						· · · · · · · · · · · · · · · · · · ·				
First Name:					City of I	Residence				
Middle Initial:					Ctata	Residence: _				
Last Name:								ZIP:		44
Age at time of	Accident/Incident:		Data of Right			:		**************************************		_
	ionacii iionacii.			-		<i>n</i>	ım/dd/yyyy			
Degree of Injury	Seat Occupied	Ceru	ificate Number:	 n	4					
O None O Fatal		OFront	OUnknown	"	lestraint '	• •			Inflatable	Restraints
O Minor O Unknown O Serious	ORight	ORear	Camillo 11 IA		Availa O Not		Used	1		10
		OSingle			O Nor		O None O Lap or	nlv	□ Not In □ Install	
Pilot Certificate(s) (Check all		20121	OPERIOR NO. (1959)		O 3-p	oint	O 3-poin	ıt }	□Not D	eployed
☐ None ☐ Flight In ☐ Private ☐ Recreati		nercial ne Transport	☐ US Military ☐ Foreign		O 4-p		O 4-poin O 5-poin		□ Deplo □ Unkno	
☐ Student ☐ Sport		t Engineer	- I oroign			known	O Unkno	own	L Camar	JW11
Principal Occupation M	Talian Cardifficate									
	Iedical Certificate None O Clas	2				ertificate V	1000		Date of La	ast Medical
O Pilot O None O Class 3 O Class 1 O Driver's License (Sport Pilot only)					Without I With limi	limitations/wa itations/waive	ivers O	Unknown		
O Unknown O Class 2 O Unknown					Special Is		15 0	N/A	mm/dd/	yyyy
Medical Certificate Limitation	ons					***************************************				***************************************
Medical Certificate Special Is	Cortonas	***							-	
incurcai cer inicate special is	suance									
Date of Last Flight Review		Eli-La D		_						
or Equivalent, Including		S-700	eview Aircraft							
FAR 121/135 Checks:	7.1.	C		+						
At I D it ()	mm/dd/yyyy	Model: _	7							
	Other Aircraft Rat (Check all that apply)	ting(s)	Instrument R		s)	Instructor				
☐ None	□ None		(Check all that a	ipply)		(Check all ti	hat apply)	_		***
☐ Single-Engine Land	☐ Airship		☐ Airplane			Airplane	Single-Engi	ne 🔲	Instrument I	Airplane Helicopter
Table 1	☐ Balloon ☐ Glider		Helicopter Powered Lift	.		☐ Airplane	Multi-Engin	e 🛘	Helicopter	
	☐ Gyroplane		La rowcied Em			☐ Gyroplar ☐ Powered			Glider Sport	
	☐ Helicopter ☐ Powered Lift								Sport	
Type Ratings			L	+		Student Ex	ndarsemon	ts (Include d	lates)	
					- 1	Student E	idoi scincii	is (inciuae a	ates)	
					1					
			A:					_		
Flight Time (Enter appropriate number of hours in each box)		Make		plane		Inst	rument			Lighter
Total Time	Aircraft & M	Iodel	Engine Mult	iengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)				-	-					
Time as Instructor				-	-	_				
This Make/Model										
Last 90 Days										
Last 30 Days				-	+				 	
Last 24 Hours				-	-	++				
			1		1					, 8

1-0.2	LIGHT CREWME	高いまで	(Exclus	ive of cabin	OLC AN	EOM DIE	ete the followi	na informatio	n)	
Crew Name and A										1
First Name:		City	v of Resi	dence:			· · · · · · · · · · · · · · · · · · ·	Seat Occup O Left	OFront	Injury
Middle Initial:					ZIP:			O Center	ORear	O None O Minor
								O Right	O Single	O Serious
			шиу						OUnknown	O Fatal O Unknown
	(Check all that apply)	***************************************		***************************************			***************************************	Restraint T		Inflatable
None	Flight Instructo		mmercial		S Mili			Available O None	Used O None	Restraints
☐ Private☐ Student	Recreational Sport		line Tran	sport F	oreign			O None O Lap Onl		☐ Not Installed
■ Student	□ Sport	LI Fing	ght Engin	neer				O3-point	O 3-point	☐ Installed
Type Rating/Endo	rsement for		Total	Flight Time	at the	Time	The Part of the Control of the Contr	O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident		s □ No		Accident/In			hrs	OUnknow		☐ Unknown
							1110			
Crew Name and A								Seat Occup	ied	Injury
		City	of Resid	ence:				OLeft	OFront	ONone
Middle Initial:		State	e:		ZIP:			O Center	O Rear O Single	O Minor
Last Name:		Cour	ntry:					ORight	OUnknown	O Serious O Fatal
				The same of the sa						O Unknown
Pilot Certificate(s)								Restraint Ty	72.000 Sept. 1980	Inflatable
☐ None ☐ Private	☐ Flight Instructor		mercial		S Milit	ary		Available O None	Used O None	Restraints
Student	☐ Recreational ☐ Sport		ine Trans ht Engine		reign			O Lap Only		☐ Not Installed
						<u> </u>		O 3-point	O 3-point	☐ Installed☐ Not Deployed
Type Rating/Endor				light Time a				O 4-point O 5-point	O 4-point O 5-point	☐ Deployed
Accident/Incident A			of this	Accident/Inc	ident		hrs	OUnknown	O Unknown	☐ Unknown
PASSENGERIS!	OTHER PERSO	A STATE OF THE STA	SHADOW PROPERTY AND ADDRESS.		WALLES CONTRACTOR	SCOLONING STREET	STATE OF THE PARTY	COASTINATION OF THE PROPERTY O		
	OTHER PERSO	NAMEE (I	nclude	cabin crew; c	ontin	ue on s	separate shee	if necessary		
Name and Address			nclude	Seat	ontin Inju	5903	Restraint T		Inflatable Restraints	Age
Name and Address				Seat	Inju	ıry	Restraint T	ype Used	Inflatable	Age
Name and Address	City :			Seat OLeft	Inju	one	Restraint T	ype Used O None	Inflatable Restraints Not Installed	Age Under 5 years
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	ON OM OS	one linor	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed	☐ Under 5 years
Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Inju OM OS OF	one linor erious	Restraint Ty Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint
Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Inju OM OS OF	one linor	Restraint Ty Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row:	ON OM OSc OF	one linor crious atal nknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, ○ Child Restraint
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City :	ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row:	ON ON ON	one finor erious atal nknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ON ON OM ON OM ON OM	one inor rious atal nknown one inor rious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years
Name and Address First Name:	City : State: Country: OPassenger City : State: Country:	ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ON OSO OF A	one inor erious atal nknown one inor erious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-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 O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Doployed Deployed Deployed Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint
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Name and Address First Name:	City : State: Country: OPassenger City : State: Country: OPassenger City : State:	ZIP:OOthe	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Inju ON OSO OFE OU ON OM OSO OFE OU	one finor crious atal nknown one inor crious tal nknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-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 Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
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FLIGHT ITINERARY	NEORMATIC	N						
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Airport ID: KGLE	1.0	me or Departur				Type Fligh	t Plan File	:d
City: Gainesville	Tin	ne: 7:10 AM	Airport ID:			O None Company	. VED C	VFR/IFR
State: TX	Tin	ne Zone: Central	City: Ode			O Military	VFR C) IFR) Unknown
Country: United States of Ar	1	lie Zolle. Ochtral	- Juic. 1X			O VFR		
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Type of ATC Clearance/Ser ☐ None	Vice (Check all that Special VFR	The second second		HAD TE	PAUSITION		1255	<u>C</u>
□ VFR □	IFR	□ v	pecial IFR FR On Top	L-,	□ VFR Flight Follo□ Traffic Advisory	owing	☐ Cruise ☐ Unknow	m/NA
☐ Class B ☐ Class C ☐ Class D ☐ Class E ☐	Class G Demo Area Warning Area Prohibited Area Restricted Area	□ M □ Ai □ Jet □ TR □ FA	ilitary Operations rport Advisory Ar t Training Area RSA LR 93	ea	□Special □Air Traffic Contr □Unknown	ol Area	Altitude o	of In-Flight nce:
WEATHER INFORMA	TION AT TH	EACCIDEN	TINCIDEN					
Source of Pilot Weather Info (Check all that apply)	ormation			Weather Ob	servation Facility			
☐ National Weather Service	☐ Cor	nnany		Facility ID: KO	ODO			
☐ Flight Service Station ☐ TV/Radio	☐ Mil	itary		Observation Ti	me: 9:45 AM			
Automated Report	☐ Inte			Time Zone: C	entral			
Commercial Weather Service (DUATS) Unk		1	Distance from A	Accident Site: 0		nm	
On-Board Weather		T		Direction from	Accident Site:		degrees true	>
Basic Conditions OVMC		Light Condit		2000			***************************************	
OIMC		ODawn ODay	ODusk ONight	O Dark		nown		
O Unknown		02.5	ONIght	OBrigh	it Night			
Sky/Lowest Cloud Condition	ı	Ceiling			Temperature:	"	~	(T)
	Thin Broken	O None (Clear)		bscured				
	Thin Overcast Unknown	O Broken O Overcast		ndefinite Inknown	Dew Point:	(C)	or	(F)
O Scattered			0.0	IIMIOWII	Altimeter Settin			
Lowest Cloud Condition Hei	Td	Ceiling Heigh	t			or	MB	
	_ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	89	
☐ Variable	☐ Calm		☐ Not Gusting		-	10	_miles	
	☐ Light and Varia	ible	_		RVR:_		_feet	
Direction: 150 degrees true	-or- Speed: 10	kts	Speed: ?		1		_miles	
- 3 1	Type of Precipita		AND ASSESSMENT OF THE PARTY OF	kts	Density Altitude		n n	
•	None	Drizzle	freezing	Pain.	Restriction to Vi		8075	pply)
OModerate	□ Rain	☐ Ice Pellets	Snow Sho	wer	Blowing Dust	☐ Fog	g ound Fog	
	□ Snow □ Hail	Snow Pellets		Shower	☐ Blowing Sand	☐ Ha:	ze	
	Rain Showers	☐ Snow Grains ☐ Ice Crystals	Freezing	Drizzle	☐ Blowing Snow ☐ Blowing Spraw			
	-				Dust	Second .	known	
Icing Forecast Amount Type		Icing Actual	ASSESSED TO SESSED TO SESS		Turbulence			
Amount Type O None O N/A		Amount O None	Type N/A		Type (Check all t	hat apply)	Severity	
O Trace O Rime		O Trace	O Rime		Clear Air		☐Light ☐Mode	- 1
O Light O Clear O Moderate O Mixed	į.	O Light O Moderate	O Clear O Mixed		Terrain-Induce		Sever	re
O Severe O I Inknown	3	O Severe	O Unknow	vn	Convective Tu	rbulence	Extre	me
OUnknown		OUnknown						
NOTAMs (D and FDC), AI	RMETs, SIGM	ETs, PIREPs	in effect at th	e time of the	accident/incide	nt:		
None		IRC						

DAMAGE TO AIRCRA	ET AND OF	UED DEOL	7.7.			
DAMAGE TO AIRCRA Aircraft Damage	Aircraf		ERTY	l v		
O None O Minor O Destroyed O Unknown	O None O In-Fli O On-G	ght (O Both Ground and O Fire at Unknown O Unknown	l In-Flight Time	Aircraft Explosion O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of Damage to Air	craft and Other	Property (Us	e additional sheet	f necessary)		
Majority of aircraft lost in pos	t flight fire. The	re was a min	or grass fire wh	ich was quickly	controlled	
			g. a.c o	on was quickly	controlled.	
					50	
NARRATIVE HISTORY O	F FLIGHT (Ple	ase type or pr	int in ink)			
Describe what occurred in ch	ronological orde	r, including ci	rcumstances lea	ding to and natu	re of accident/incider	nt. Describe terrain and include
wreckage distribution sketch if destination. Provide as much de-		extra sheets if	f needed. State de	parture time and	and location, services	obtained, and intended
Approximately 150 feet into the	e roll out follow	ing an uneve	ntful landing th	e aircraft hogan	curoning to the Lo	and devest 100
after another approximately 1 speed ground-loop, the right was	50 feet. Contro	l inputs did no	ot control the sv	verve. Upon lea	aving the runway the	and departed the runway aircraft suffered a slow
degrees. At the end of the are	ound loon the ri	aht main agai	nui incrant un	ned approximat	ely 300 degrees and	ended up facing 160
started near the fuel selection	valve knob.	re-enterd the	aircraft and obt	ained the fire ex	dinguisher and atten	npted to extinguish the fire.
						1000
						i e

RECOMMENDATION (He	ow could this	s accident/incident	have been prev	ented?\			
Operator/Owner Safety Recom	mendation			Silver)			
After the incident, I realized a co-pilot seat. The reach to repound halon extinguisher ha	a couple of i etrieve it wa s no ability f	important points. s across the fire, to stop a gasoline	First was that I it should be clo fed fire, and re	had my fire extingu ser at hand. Additi entering the aircraf	uinsher mounted onally, It quickly t to retrieve the e	on the forward fi became apparer extinguisher was	rame of the it a 2.5 wasted effort.
MECHANICAL MALEU							
MECHANICAL MALFU	NG HON/	FAILURE (If m	ore space is ne	ded, continue on se	parate sheet)		
Was there Mechanical Malfun (If yes, list the name of the part, man	ction/Failur ufacturer, par	t no., serial no., and a	0 lescribe the failure			Total Tim On Part	e/Cycles
							Hours
							Cycles
							e This Part Overhauled
							Hours
FUEL & SERVICES INF							
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 65 total/55 useable	Gallons	Fuel Type O 80/87 O 100 Low Lead O 100/130	O 115/145 O Jet A O Jet A-1	O Jet B O JP8 O Automotiv	O Other, specia	fy	
Other Services, if Any, Prior to	Departure						
EVACUATION OF AIRC	PAET						
		e					
Was an emergency evacuation Method of Exit – Describe how				No			
Through the pilot door.	are occupant	s exteet and now m	any occupants e	vacuated each locatio	n		
OTHER AIRCRAFT - CO	OLLISION	l (If air or erays d	pollic!				
Aircraft Registration Number	Manufactu			ed, complete this se		Damage to Other Destroyed	☐ Minor
Registered Owner of Other Air				lot of Other Aircra		☐ Substantial	None
Name:			N	ame:			-
City: ZIP:			C	ty:ate:	7ID-		
Country:			C	ountry:	ZIP:		

ADDITIONAL INFORMA				
Ligathia and if 1100	TION (Please type or print in ink)			
Use this space if additional sp	pace is needed for any answers.			
		- 1		
HEREBY CERTIFY TH			O THE BEST OF	MY KNOWLEDGE
Date of this Report Nam				
08/29/2020 Sign				
mm/dd/yyyy or	Check here to electronically sign this	docu	ment	The County of County of Confederations
If a Person Other than Pilot/O	perator is Filing Report			
Name:			Title:	
Signature:			A IUIC.	The second secon
- or - Check here	to electronically sign this document			
	FOR NTSB	IIQ:	ONLY	
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office		me of Investigator	Date Report Received
CEN20CA355	Denver, CO		Craig Hatch	report received