

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: Athens Texas State: Texas
 ZIP: 75752 Country: USA
 Latitude: 32.16N Longitude: 95.83W
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 08/22/2020 Local Time: 7:45 PM
mm/dd/yyyy Time Zone: Central
 Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: N1621W
Manufacturer: Beechcraft
Model: BE55 Baron
Serial Number: TC1400
Year of Manufacture: 1972
Amateur-Built: Yes No *If Yes:* Kit/Plans Original Design *Make:* _____

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: 5100 lbs
Weight at Time of Accident/Incident: 4583 lbs
Number of Seats: 6 Flight Crew Seats: 2
 Cabin Crew Seats: N/A Passenger Seats: 4
Number of Engines: 2

- Category of Aircraft**
- Airplane
 - Balloon
 - Blimp/Dirigible
 - Glider
 - Gyroplane
 - Helicopter
 - Powered Lift
 - Rocket
 - Ultralight
 - Unknown

- Type of Airworthiness Certificate**
(Check all that apply)
- | 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 |
- Certificate of Authorization or Waiver (COA)
 None Unknown

- Landing Gear**
(Check all that apply)
- Retractable
 - Tricycle
 - Tailwheel
 - Amphibian
 - High Skid
 - Emergency Float
 - Skid
 - Float
 - Ski
 - Hull
 - Ski/Wheel
 - Other Launch/Recovery System
 - None
 - 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"/> Turbo Fan | <input type="radio"/> Unknown |
| <input type="radio"/> Electric | |
- Fuel System Type** *(Reciprocating)*
- Carburetor Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|---|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | <u>Continental</u> | <u>470</u> | | | <u>285</u> | <u>300</u> | | |
| Eng. 2 | <u>Continental</u> | <u>470</u> | | | <u>285</u> | <u>300</u> | | |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

Last Inspection Type

100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 11/15/2019
mm/dd/yyyy

Airframe Total Time: 6,000 hrs
 hours measured at *(Select one)*
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable

Manufacturer: HARTZELL
 Model: _____

Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable

Manufacturer: HARTZELL
 Model: _____

ELT Installed: Yes No

If Yes:
ELT Manufacturer: NOT KNOWN
Model or Part No.: _____
TSO No.: OC91 (121.5 MHz) OC91a (121.5 MHz) OC126 (406 MHz)

Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No

If activated:
Did ELT Aid in Locating Aircraft? Yes No

If not activated:
Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown

- Additional Equipment** *(Check all that apply)*
- ADS-B
 - Airframe Parachute
 - Angle of Attack Indicator
 - Autopilot
 - Data Recorder ENGINE
 - Electronic Flight Bag or Handheld Device
 - Electronic Multifunction Display
 - Electronic Primary Flight Display
 - Handheld GPS
 - Heads Up Display
 - Onboard Weather
 - Satellite Tracking Device
 - Stall Warning System
 - Video Recording Device
 - Other, Specify: _____

Type of Maintenance Program *(Select one)*

- Annual
- Conditional (Amateur-built only)
- Manufacturer's Inspection Program
- Other Approved Inspection Program (AAIP)
- Continuous Airworthiness
- Other, specify: _____

Description of Fire Extinguishing System

- None
- Specify: _____

Registered Aircraft Owner

Name: Allan Coleman
 Fractional Ownership Aircraft: Yes No

City: TYLER
 State: TX ZIP: 75703
 Country: USA

Operator of Aircraft Same As Registered Owner
 Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

Same Address as Registered Owner
 City: _____
 State: _____ ZIP: _____
 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 Domestic
 - Non-Scheduled or Air Taxi International
 - Passenger
 - Cargo
 - Mail Contract Only

- Purpose of Flight for FAR 91, 103, 133, 137**
(Select one)
- Aerial Application Firefighting Unknown
 - Aerial Observation Flight Test
 - Air Drop Glider Tow
 - Air Race/Show Instructional
 - Banner Tow Other Work Use
 - Business Personal
 - Executive/Corporate Positioning
 - External Load Skydiving
 - Ferry

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: ATHENS Municipal
Airport Identifier: F44
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 0 sm
Direction From Airport: 0 degrees true
Airport Elevation: 444 ft. msl

Runway Information
 Runway ID: 18 (L/R/C) Length: 3,988 ft Width: 60 ft

- Condition of Runway/Landing Surface** *(Check all that apply)*
- Dry Snow-Compacted Water-Calm
 - Holes Snow-Crusted Water-Choppy
 - Ice Covered Snow-Dry Water-Glassy
 - Rough Snow-Wet Wet
 - Rubber Deposits Soft
 - Slush-Covered Vegetation Unknown

- Runway/Landing Surface** *(Check all that apply)*
- Asphalt Grass/Turf Macadam Water
 - Concrete Gravel Metal/Wood
 - Dirt Ice Snow Unknown

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

- IFR Approach** *(Check all that apply)*
- None
 - ADF/NDB PAR MLS Practice
 - SDF Sidestep LDA GPS
 - VOR/TVOR ILS ASR
 - VOR/DME Localizer Only Visual
 - TACAN LOC-back course Contact
 - RNAV Circling
 - Unknown

- VFR Approach** *(Check all that apply)*
- None
 - Traffic Pattern Stop and Go
 - Straight-In Touch and Go
 - Valley/Terrain Following Simulated Forced Landing
 - Go Around Forced Landing
 - Full Stop Precautionary Landing
 - Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

Pilot
 Co-Pilot
 Student Pilot
 Flight Instructor
 Check Pilot
 Flight Engineer
 Other Flight Crew

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Charles Cox City of Residence: Mabank
 Middle Initial: N State: TX ZIP: 75156
 Last Name: Cox Country: USA
 Age at time of Accident/Incident: 66 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: [REDACTED]

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Restraint Type

Available
 None
 Lap only
 3-point
 4-point
 5-point
 Unknown

Used
 None
 Lap only
 3-point
 4-point
 5-point
 Unknown

Inflatable Restraints

Not Installed
 Installed
 Not Deployed
 Deployed
 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

02/11/2020
 mm/dd/yyyy

Medical Certificate Limitations

Must have available glasses for Near Vision

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 02/11/2020
mm/dd/yyyy

Flight Review Aircraft

Make: Cessna
 Model: CE506

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

Type Ratings

DC-9, B737, B767, B777, B787,
MD11, CE500 SIC

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 | 25,400 | .8 | 2,305 | 23,130 | 4,300 | 332 | 78 | | 30 | |
| Pilot in Command (PIC) | 18,750 | | 2,285 | 18,000 | 3,500 | 290 | 50 | | 15 | |
| Time as Instructor | 2,300 | | 2,050 | 250 | 30 | 100 | | | | |
| This Make/Model | | | | | 0 | 0 | 0 | | | |
| Last 90 Days | 27 | .8 | 27 | .8 | 0 | .5 | 0 | | | |
| Last 30 Days | 10 | .8 | 10 | .8 | 0 | 0 | 0 | | | |
| Last 24 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |

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 Passenger

"Flight Crewmember 2" Identification
 First Name: Allan Coleman City of Residence: Tyler
 Middle Initial: D State: TX ZIP: 75703
 Last Name: Coleman Country: USA
 Age at time of Accident/Incident: 59 Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

| | | | |
|--|--|--|---|
| Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Fatal <input 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 checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown Used <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown | Inflatable Restraints <input checked="" 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)
 None Flight Instructor Commercial US Military
 Private Recreational Airline Transport Foreign
 Student Sport Flight Engineer

| | | | |
|---|---|---|---|
| Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown | Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input checked="" type="radio"/> Unknown | Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A <input type="radio"/> Special Issuance | Date of Last Medical <u>N/A</u> mm/dd/yyyy |
|---|---|---|---|

Medical Certificate Limitations

Medical Certificate Special Issuance

| | |
|--|---|
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>04/23/2020</u> mm/dd/yyyy | Flight Review Aircraft Make: <u>PIPER</u> Model: <u>DAKOTA</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 <u>N/A</u> | Student Endorsements (Include dates) <u>N/A</u> |
|-----------------------------------|---|

| 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 | 297 | 25 | 272 | 25 | 20 | 25 | 25 | N/A | N/A | N/A |
| Pilot in Command (PIC) | 224 | 0 | 224 | 0 | 11 | 0 | 5 | N/A | N/A | N/A |
| Time as Instructor | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| This Make/Model | | | | | 0 | 0 | 0 | | | |
| Last 90 Days | 44 | 16 | 28 | 16 | 02 | 0 | 0 | N/A | N/A | N/A |
| Last 30 Days | 19 | 7 | 12 | 7 | 0 | 0 | 0 | N/A | N/A | N/A |
| Last 24 Hours | .8 | .8 | 0 | .8 | 0 | 0 | 0 | N/A | N/A | N/A |

Last Departure Point
Airport ID: F44
City: Athens
State: Texas
Country: USA

Time of Departure
Time: 7:40 PM
Time Zone: Central

Destination
Airport ID: F44
City: Athens
State: Texas
Country: USA

Type Flight Plan Filed
 None VFR/IFR
 Company VFR IFR
 Military VFR Unknown
 VFR
Activated? Yes No Unknown

Type of ATC Clearance/Service (Check all that apply)
 None Special VFR Special IFR VFR Flight Following Cruise
 VFR IFR VFR On Top Traffic Advisory Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)
 Class A Class G Military Operations Area (MOA) Special Altitude of In-Flight Occurrence: N/A ft msl
 Class B Demo Area Airport Advisory Area Air Traffic Control Area
 Class C Warning Area Jet Training Area Unknown
 Class D Prohibited Area TRSA
 Class E Restricted Area FAR 93

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply)
 National Weather Service Company
 Flight Service Station Military
 TV/Radio Internet
 Automated Report None
 Commercial Weather Service (DUATS) Unknown
 On-Board Weather

Weather Observation Facility
Facility ID: F44
Observation Time: NOT KNOWN RECENT
Time Zone: Central
Distance from Accident Site: ON SITE nm
Direction from Accident Site: ON SITE degrees true

Basic Conditions
 VMC
 IMC
 Unknown

Light Condition
 Dawn Dusk Dark Night Unknown
 Day Night Bright Night

Sky/Lowest Cloud Condition
 Clear Thin Broken
 Few Thin Overcast
 Partial Obscuration Unknown
 Scattered
Lowest Cloud Condition Height
_____ ft agl

Ceiling
 None (Clear) Obscured
 Broken Indefinite
 Overcast Unknown
Ceiling Height
_____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg
or _____ MB
NOT KNOWN

Wind Direction
 Variable
-or-
Direction: _____ degrees true

Wind Speed
 Calm
 Light and Variable
-or-
Speed: _____ kts

Wind Gusts
 Not Gusting
-or-
Speed: _____ kts

Visibility 10+ miles
RVR: _____ feet
RVR: _____ miles
Density Altitude: NOT KNOWN ft

Intensity of Precipitation
 Light
 Moderate
 Heavy
 N/A
 Unknown

Type of Precipitation (Check all that apply)
 None Drizzle Freezing Rain
 Rain Ice Pellets Snow Shower
 Snow Snow Pellets Ice Pellets Shower
 Hail Snow Grains Freezing Drizzle
 Rain Showers Ice Crystals

Restriction to Visibility (Check all that apply)
 None Fog
 Blowing Dust Ground Fog
 Blowing Sand Haze
 Blowing Snow Ice Fog
 Blowing Spray Smoke
 Dust Unknown

Icing Forecast
Amount Type
 None N/A
 Trace Rime
 Light Clear
 Moderate Mixed
 Severe Unknown
 Unknown

Icing Actual
Amount Type
 None N/A
 Trace Rime
 Light Clear
 Moderate Mixed
 Severe Unknown
 Unknown

Turbulence
Type (Check all that apply) Severity
 None Light
 Clear Air Moderate
 Terrain-Induced Severe
 Convective Turbulence Extreme

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
None known for airport or vicinity

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None
- Substantial
- Minor
- Destroyed
- Unknown

Aircraft Fire

- None
- Both Ground and In-Flight
- In-Flight
- Fire at Unknown Time
- On-Ground
- Unknown

Aircraft Explosion

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

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

No property Damage

Aircraft engine propellers were damaged and belly structure was damaged.

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

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

Aircraft did normal takeoff on Runway 18 for traffic pattern flight back to land on runway 18. Pilot failed to extend landing gear and landed on Runway 18 with gear retracted.

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

Operator/Owner Safety Recommendation

The gear warning horn is activated based on throttle position near idle. This airplane must be flown with power applied until the landing flare so warning horn does not sound until seconds from touchdown. Additionally, the horn sounds like stall horn which is confusing. Also warning horn does not seem to sound through intercom/radio headset so the sound is faint.

Warning should be tied to flap position also and sound loud through headset and different sound from stall warning.

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.)

Total Time/Cycles On Part
 _____ Hours
 _____ Cycles

Time Since This Part Inspected/Overhauled
 _____ Hours

FUEL & SERVICES INFORMATION

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

_____ 100 Gallons

Fuel Type

80/87 115/145 Jet B Other, specify _____
 100 Low Lead Jet A JP8
 100/130 Jet A-1 Automotive

Other Services, if Any, Prior to Departure

None

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

Through normal entry door.

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed Minor
 Substantial None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____


City: _____

State: _____ ZIP: _____

Country: _____

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>9/1/2020</u> <small>mm/dd/yyyy</small> | Name of Pilot/Operator: <u>Charles N. Cox Pilot</u> Signature:  - or - <input type="checkbox"/> 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. CEN20CA363 | Reviewed by NTSB Regional Office Denver, CO | Name of Investigator Edward Malinowski | Date Report Received 9/1/2020 |
|--|--|---|----------------------------------|