

# 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: austin State: TEXAS  
 ZIP: 78719 Country: Travis  
 Latitude: 30.1974292 Longitude: -97.6663058  
*(Enter in decimal degrees or degrees:minutes:seconds)*

### Accident/Incident Date/Time

Date: 04/01/2021 Local Time: 12:30  
*mm/dd/yyyy* Time Zone: CS

Collision with Other Aircraft:  Midair  On-ground  None

## AIRCRAFT INFORMATION

Registration Number: n94810  
 Manufacturer: Cessna  
 Model: skylane 182  
 Serial Number: 18266515  
 Year of Manufacture: 1978  
 Amateur-Built:  Yes  No If Yes:  Kit/Plans  Original Design Make: \_\_\_\_\_

IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 3000 lbs  
 Weight at Time of Accident/Incident: 2650 lbs  
 Number of Seats: 4 Flight Crew Seats: 2  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2  
 Number of Engines: 1

### Category of Aircraft

- Airplane
- Balloon
- Blimp/Dirigible
- Glider
- Gyroplane
- Helicopter
- Powered Lift
- Rocket
- Ultralight
- Unknown

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

- Normal
- Aerobatic
- Balloon
- Commuter
- Transport
- Utility

#### Special

- Restricted
- Limited
- Provisional
- Special Flight
- Experimental
- Special Light-Sport
- Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
 None  Unknown

### Landing Gear

*(Check all that apply)*

- Retractable
- Tricycle
- Amphibian
- Emergency Float
- Float
- Hull
- Other Launch/Recovery System
- None
- Tailwheel
- High Skid
- Skid
- Ski/Wheel
- Unknown

### Engine Type (Select one)

- Reciprocating
- Turbo Shaft
- Turbo Prop
- Turbo Jet
- Turbo Fan
- Electric
- Liquid Rocket
- Solid Rocket
- Hybrid Rocket
- None
- Unknown

### 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 checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	contt	0-470-U	467667	01/10/1978	230	2213	07/09/20	875
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

- 100-Hour
- AAIP
- Annual
- Continuous Airworthiness
- Conditional Inspection
- Unknown

Date Last Inspection: 07/09/2020  
*mm/dd/yyyy*

Airframe Total Time: 2213 hrs  
 hours measured at (Select one)  
 Last Inspection  Time of Accident/Incident

### 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: portble, aonn

### Propeller 1

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

### Propeller 2

- Fixed Pitch
- Controllable Pitch
- Ground Adjustable

Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_

ELT Installed:  Yes  No

If Yes:  
 ELT Manufacturer: \_\_\_\_\_  
 Model or Part No.: \_\_\_\_\_  
 TSO No.:  C91 (121.5 MHz)  C91a (121.5 MHz)  
 C126 (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
- 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: \_\_\_\_\_

OWNER/OPERATOR INFORMATION		
<b>Registered Aircraft Owner</b>		City: <u>Ilano</u>
Name: <u>robert b wallace</u>		State: <u>tx</u> ZIP: <u>78643</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>usa</u>
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner		<input checked="" type="checkbox"/> Same Address as Registered Owner
Name: <u>robert b wallace</u>		City: _____
Doing Business As: _____		State: _____ ZIP: _____
Air Carrier/Operator Designator (4 Character Code): _____		Country: _____
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (FAR 129)</li> <li><input type="checkbox"/> Rotorcraft External Load (FAR 133)</li> <li><input type="checkbox"/> Commuter Air Carrier (FAR 135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (FAR 135)</li> <li><input type="checkbox"/> Commercial Air Tour (FAR 136)</li> <li><input type="checkbox"/> Agricultural Aircraft (FAR 137)</li> <li><input type="checkbox"/> Pilot School (FAR 141)</li> <li><input type="checkbox"/> Certificate of Authorization or Waiver (COA)</li> <li><input type="checkbox"/> Commercial Space Transportation Experimental Permit</li> <li><input type="checkbox"/> Commercial Space Transportation License</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>	<b>Regulation Flight Conducted Under</b> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> FAR 91    <input type="radio"/> FAR 129    <input type="radio"/> FAR 415</li> <li><input type="radio"/> FAR 103    <input type="radio"/> FAR 133    <input type="radio"/> FAR 431</li> <li><input type="radio"/> FAR 121    <input type="radio"/> FAR 135    <input type="radio"/> FAR 435</li> <li><input type="radio"/> FAR 125    <input type="radio"/> FAR 137    <input type="radio"/> FAR 437</li> <li><input type="radio"/> FAR 91 Special Flight</li> <li><input type="radio"/> Non-US, Commercial</li> <li><input type="radio"/> Non-US, Non-commercial</li> <li><input type="radio"/> Public Aircraft <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Armed Forces</li> <li><input type="radio"/> Federal</li> <li><input type="radio"/> State</li> <li><input type="radio"/> Local</li> </ul> </li> <li><input type="radio"/> Unknown</li> </ul>	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Scheduled or Commuter    <input type="radio"/> Domestic</li> <li><input type="radio"/> Non-Scheduled or Air Taxi    <input type="radio"/> International</li> <li><input type="radio"/> Passenger</li> <li><input type="radio"/> Cargo</li> <li><input type="radio"/> Mail Contract Only</li> </ul>
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Aerial Application    <input type="radio"/> Firefighting    <input type="radio"/> Unknown</li> <li><input type="radio"/> Aerial Observation    <input type="radio"/> Flight Test</li> <li><input type="radio"/> Air Drop    <input type="radio"/> Glider Tow</li> <li><input type="radio"/> Air Race/Show    <input type="radio"/> Instructional</li> <li><input type="radio"/> Banner Tow    <input type="radio"/> Other Work Use</li> <li><input type="radio"/> Business    <input checked="" type="radio"/> Personal</li> <li><input type="radio"/> Executive/Corporate    <input type="radio"/> Positioning</li> <li><input type="radio"/> External Load    <input type="radio"/> Skydiving</li> <li><input type="radio"/> Ferry</li> </ul>
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>		
<b>Airport Name:</b> <u>austin</u> <b>Airport Identifier:</b> <u>kaus</u> <b>Proximity to Airport:</b> <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		<b>Distance From Airport Center:</b> _____ sm <b>Direction From Airport:</b> _____ degrees true <b>Airport Elevation:</b> _____ ft. msl
<b>Runway Information</b> Runway ID: <u>35 r</u> (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry    <input type="checkbox"/> Snow-Compacted    <input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Holes    <input type="checkbox"/> Snow-Crusted    <input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Ice Covered    <input type="checkbox"/> Snow-Dry    <input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Rough    <input type="checkbox"/> Snow-Wet    <input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Rubber Deposits    <input type="checkbox"/> Soft</li> <li><input type="checkbox"/> Slush-Covered    <input type="checkbox"/> Vegetation    <input type="checkbox"/> Unknown</li> </ul>
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asphalt    <input type="checkbox"/> Grass/Turf    <input type="checkbox"/> Macadam    <input type="checkbox"/> Water</li> <li><input checked="" type="checkbox"/> Concrete    <input type="checkbox"/> Gravel    <input type="checkbox"/> Metal/Wood    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Dirt    <input type="checkbox"/> Ice    <input type="checkbox"/> Snow</li> </ul>		
<b>Approach/Departure Segment</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Taxi    <input type="radio"/> VFR Departure    <input type="radio"/> On Instrument Approach    <input type="radio"/> Downwind    <input type="radio"/> Low Approach</li> <li><input type="radio"/> Takeoff    <input type="radio"/> IFR Departure Procedure/Clearance    <input type="radio"/> Landing    <input type="radio"/> Base    <input type="radio"/> Go Around</li> <li><input type="radio"/> Initial Climb    <input type="radio"/> Aborted Landing (after touchdown)</li> <li><input type="radio"/> Crosswind    <input type="radio"/> Unknown</li> </ul>		
<b>IFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB    <input type="checkbox"/> PAR    <input type="checkbox"/> MLS    <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> SDF    <input type="checkbox"/> Sidestep    <input type="checkbox"/> LDA    <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> VOR/TVOR    <input type="checkbox"/> ILS    <input type="checkbox"/> ASR</li> <li><input type="checkbox"/> VOR/DME    <input type="checkbox"/> Localizer Only    <input type="checkbox"/> Visual</li> <li><input type="checkbox"/> TACAN    <input type="checkbox"/> LOC-back course    <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> RNAV    <input type="checkbox"/> Circling</li> <li><input type="checkbox"/> Unknown</li> </ul>		<b>VFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> Traffic Pattern    <input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Straight-In    <input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Valley/Terrain Following    <input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Go Around    <input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Full Stop    <input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Unknown</li> </ul>

### "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: robert City of Residence: \_\_\_\_\_

Middle Initial: b State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: wallace Country: \_\_\_\_\_

Age at time of Accident/Incident: 69 Date of Birth: [REDACTED] 51 mm/dd/yyyy

Certificate Number: \_\_\_\_\_

<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <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		<b>Restraint Type</b> <b>Available</b> <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 <b>Used</b> <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		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input 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							
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <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		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input checked="" type="radio"/> Special Issuance		<b>Date of Last Medical</b> <u>05/06/2019</u> mm/dd/yyyy	

#### Medical Certificate Limitations

Basic Med

#### Medical Certificate Special Issuance

demonstrated ability, related to vision

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 07/31/2019  
mm/dd/yyyy

#### Flight Review Aircraft

Make: Cessna

Model: 172

<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input checked="" type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> (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		<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> (Check all that apply) <input 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	
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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	3,441	321	3,435	6	101	245	5			
Pilot in Command (PIC)	3,400	321	3,395	2	100	245				
Time as Instructor										
This Make/Model										
Last 90 Days	2	2	2							
Last 30 Days	2	2	2							
Last 24 Hours	0									



ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)							
<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>	
First Name: <u>None</u>		City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown		<input type="radio"/> Fatal	
				<input type="radio"/> Unknown		<input type="radio"/> Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		<b>Available</b>		<b>Used</b>	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs				
<b>Crew Name and Address</b>				<b>Seat Occupied</b>		<b>Injury</b>	
First Name: _____		City of Residence: _____		<input type="radio"/> Left	<input type="radio"/> Front	<input type="radio"/> None	
Middle Initial: _____		State: _____ ZIP: _____		<input type="radio"/> Center	<input type="radio"/> Rear	<input type="radio"/> Minor	
Last Name: _____		Country: _____		<input type="radio"/> Right	<input type="radio"/> Single	<input type="radio"/> Serious	
				<input type="radio"/> Unknown		<input type="radio"/> Fatal	
				<input type="radio"/> Unknown		<input type="radio"/> Unknown	
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Restraint Type:</b>		<b>Inflatable Restraints</b>	
<input type="checkbox"/> None		<input type="checkbox"/> Flight Instructor		<b>Available</b>		<b>Used</b>	
<input type="checkbox"/> Private		<input type="checkbox"/> Recreational		<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Student		<input type="checkbox"/> Sport		<input type="radio"/> Lap Only		<input type="radio"/> Lap Only	
		<input type="checkbox"/> Commercial		<input type="radio"/> 3-point		<input type="radio"/> 3-point	
		<input type="checkbox"/> Airline Transport		<input type="radio"/> 4-point		<input type="radio"/> 4-point	
		<input type="checkbox"/> Flight Engineer		<input type="radio"/> 5-point		<input type="radio"/> 5-point	
		<input type="checkbox"/> US Military		<input type="radio"/> Unknown		<input type="radio"/> Unknown	
		<input type="checkbox"/> Foreign					
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs				
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)							
<b>Name and Address</b>			<b>Seat</b>	<b>Injury</b>	<b>Restraint Type</b>		<b>Inflatable Restraints</b>
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____		State: _____ ZIP: _____			<input type="checkbox"/> None		
Last Name: _____		Country: _____			<input type="radio"/> Lap Only		
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other		
						<i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____		State: _____ ZIP: _____			<input type="checkbox"/> None		
Last Name: _____		Country: _____			<input type="radio"/> Lap Only		
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other		
						<i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____		State: _____ ZIP: _____			<input type="checkbox"/> None		
Last Name: _____		Country: _____			<input type="radio"/> Lap Only		
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other		
						<i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown	
First Name: _____		City: _____	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b>		<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Middle Initial: _____		State: _____ ZIP: _____			<input type="checkbox"/> None		
Last Name: _____		Country: _____			<input type="radio"/> Lap Only		
<input type="radio"/> Crew		<input type="radio"/> Passenger			<input type="radio"/> Other		
						<i>If Under 5,</i> <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown	

## FLIGHT ITINERARY INFORMATION

<b>Last Departure Point</b> Airport ID: <u>2kl</u> City: <u>sunrise beach</u> State: <u>tx</u> Country: <u>usa</u>	<b>Time of Departure</b> Time: <u>12:00</u> Time Zone: <u>cst</u>	<b>Destination</b> Airport ID: <u>kaus</u> City: <u>austin</u> State: <u>TX</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <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
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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 checked="" 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 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	<b>Altitude of In-Flight Occurrence:</b> _____ ft msl
<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 type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93		

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Source of Pilot Weather Information</b> (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		<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ 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													

<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <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
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<b>Sky/Lowest Cloud Condition</b> <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> _____ ft agl	<b>Temperature:</b> _____ (C) or _____ (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
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<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable Direction: _____ degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable Speed: <u>17</u> kts	<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting Speed: <u>17</u> kts	<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation</b> (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		<b>Restriction to Visibility</b> (Check all that apply) <table style="width: 100%;"> <tr> <td><input 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 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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<b>Icing Forecast</b> <table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<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	<input type="radio"/> Unknown		<b>Icing Actual</b> <table style="width: 100%;"> <tr> <td><b>Amount</b></td> <td><b>Type</b></td> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<b>Amount</b>	<b>Type</b>	<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	<input type="radio"/> Unknown		<b>Turbulence</b> Type (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input checked="" type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Terrain-Induced</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td><input type="checkbox"/> Convective Turbulence</td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Terrain-Induced	<input type="checkbox"/> Severe	<input type="checkbox"/> Convective Turbulence	<input type="checkbox"/> 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       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)*

Major damage to taxiway k sign  
prop strike, lower cowling damage, nosewheel at stem sheared

**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.

Departed 2kl (grass strip) about 50 miles west of Kaus, vfr. contacted approach about 25 miles out with ATIS. Was vectored to 35R at 5500 alt.

Listened to multiple conversations from approach to traffic about turbulence below 7000 ft.

Transferred to tower about 5-7 out, cleared to land 35R

Turned about 2-3 mile final, about 80 kts, one notch of flaps on mile final. Touched down as planned, but with crosswind from east, gusty

did not try turning at Lima. Felt too fast. Continued to Kilo. Went to west edge to turn left. No issue on turn (I was slow), made turn off of 35 to taxiway, but had a 120 degree turn to left. Turn started correct, but then I could not stop turn by right rudder, or brake. Applied both brakes but it continued rolling off taxiway into grass, and stopped by sign.

**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.)

possible soft brakes

**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)

65 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

pilot only, left 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: \_\_\_\_\_

**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

04/08/2021

mm/dd/yyyy

Name of Pilot/Operator

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.

CEN21LA178

Reviewed by NTSB Regional Office

CEN

Name of Investigator

Link

Date Report Received

4/6/2021