## 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		A CONTRACTOR			and publ	io di Cr	art acciue	illo di	ia inci	aents	
Accident/Incident L Nearest City/Place: ZIP: 77489 Latitude: 29°151	Country:	Whatton Longitude: 9 degrees minutes:s	6°09'		TEXAS	Date:	Incident Date 4/2/12/ nm/dd/yyyy	1 <b>23</b> 1	Time Zone:	4	
			econus)			Collision v	with Other A	ircraft:	O Midair	OOn-groun	d <b>18</b> None
AIRCRAFT INFO			The state of the s						And the		12075
Manufacturer:	BEEC	HCRAFL				Com	Equipped and ( nercial Space I inned Aircraft	Certified Tight			
Model: 95. Serial Number:	<u>-1322</u>				<del></del>		n Gross Weig	ht:	5/00	lbs	
Year of Manufacture							Time of Acc			4078	lbs
Amateur-Built: OY	es If Yes.	OKit/Plans M OOriginal Design				Number of Cabin Crew	of Seats:		Flight Cr Passenge		2
Category of Aircraft	-	Airworthiness C			200000000000000000000000000000000000000		f Engines:	2			
Airplane OBalloon OBlimp/Dirigible OGlider OGyroplane OHelicopter OPowered Lift ORocket	Check all   Standar   Standar   Standar   Standar   Aerol   Ballo   Comr	that apply)  rd Special  al Restrict  on Provision  nuter Special  port Exper	cted ed sional al Flight		Landing Ge (Check all that Tricycle Amphibia Emergence	t apply) Retractable  1 y Float	□Tailwheel □High Skid □Skid □Ski □Ski	O Tur O Tur O Tur O Tur O Elec	oo Fan etric	OLiqui OSolid OHybri ONone OUnkn	wn
OUltralight OUnknown	<b>5</b> 0.00	■ Exper	imental Lig	ht-Sport	Other Lau			Fuel Sy OCarl		(Reciprocatin	
	Certificat None	e of Authorization	or Waiver Unknown	(COA)	□ None		Unknown	Ocarr	urctor	O Fuel-l	hjected
Engine Engine Manus		Engine Model/Series	70 -L	Serial N	ecturer's Sumber	Date of Mfg.	Rated Por Horse O lbs of	power or Thrust	Total Time (hours)	Time S Inspection (hours)	Overhaul (hours)
Eng. 2 CONTINE		TO-47		C5.2	01380-71	7 (99	-		3930. 2575~		950,2
Eng. 3 Eng. 4							~ 01		27,30		150 2
Last Inspection Type O100-Hour OCor OAAIP OCor SAnnual OUnl	tinuous Airwo	orthiness etion	Propello Manufac		OFixed Pin Controlls OGround	ble Pitch Adjustable	-	eller 2	6	Fixed Pitch Controllable P Ground Adjus	abla
Date Last Inspection:	12/21/	2021	Model: _	-	C3YF	-2VF	Mod	::_ <b></b>	CC:	YF.2	VP
Airframe Total Time: hours measured at (2 OLast Inspection	mm/dd/iv 2564 ielect one) (c	8 hrs advectise	Model or	ufacture Part No.:	# AF IN S 185150	IEGRA	AD Air:	S-B frame Para tle of Attac		Check all that	ipply)
Type of Maintenance Program (Select one)  O Annual  O Conditional (Amateur-built only)  O Manufacturer's Inspection Program  O Other Approved Inspection Program (AAIP)  O Continuous Airworthiness Other, specify:  Other, specify:  Description of Fire Extinguishing System  None  TSO No.: OC91 (121.5  Was ELT still mounted  Was ELT still connected  Did ELT Activate?  Did ELT Aid in Locatin  If not activated:  Indicate Reason:				21.5 MHz) O(406 MHz)  Inted in aircraft sected to antenn OYes ONe cating Aircraft:	91a (121.5 h ?	No Electric Hanning No Sate	a Recorder etronic Flig etronic Mu etronic Prindheld GPS ds Up Dispoard Weat llite Track Warning et Recordi	tht Bag or I Intifunction I mary Flight blay her Pao ing Device System ng Device	Display	€e	
O Specify:					Fire Damage Battery Expir	_	Othe	т, Specify			

OWNER/OPERATOR INFOR	MATION		
Registered Aircraft Owner			
Name: I BUY BEAUT	y LLC	Cit	
Fractional Ownership Aircraft; O Yes		Sta	
		Country.	
Operator of Aircraft Same As	Registered Owner WONC	Same Address as Registered Owner	
Name: Business As:	t EDUPKEASTY M	City:	
		State: ZIP:	
Air Carrier/Operator Designator (4 Chara	cter Code):	Country:	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted		
■None □Flag Carrier Operating Certificate (FAR 12) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotorcraft External Load (FAR 133) □Commuter Air Carrier (FAR 135) □On-Demand Air Taxi (FAR 135)	OFAR 103 OFAR 133 OFA OFAR 121 OFAR 135 OFA	SAR 415 FAR 431 O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger O Cargo O Mail Contract Only	
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	OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local OUnknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate  O Pagitioning O Unkno O Unkno O Clider Tow O Instructional O Cher Work Use O Personal O Executive/Corporate	wn
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving	
O Yes 🔞 No	O Yes ( No	О Гепту	
	Q 110	1	
AIRPORT INFORMATION (FILL)	_		
AIRPORT INFORMATION (FILL)	if accident/incident occurred on a	approach, landing, takeoff, departure, or within 3 miles of an airpo	ort)
without tasing:	if accident/incident occurred on a	approach, landing, takeoff, departure, or within 3 miles of an airport Distance From Airport Center: ON RUMWA-V sm	
Airport Identifier: KAR	If accident/incident occurred on a	Distance From Airport Center: ON RUMWAY sm  Direction From Airport: ON RUNWAY 14 degrees true	
Airport Identifier: KAR  Proximity to Airport: O Off Airport/Airsts	If accident/incident occurred on a	Distance From Airport Center: ON RUMWAY sm  Direction From Airport: ON RUNWAY 14 degrees true	
Airport Identifier: KAR  Proximity to Airport: Off Airport/Airste  Runway Information	If accident/incident occurred on a BEGIONAL  M ip On Airport/Airstrip ON/A	Distance From Airport Center: ON RUMWAY sm Direction From Airport: ON RUNWAY 14 degrees tru Airport Elevation: 99 ft. msl	
Airport Name:  Airport Identifier: KAR  Proximity to Airport: Off Airport/Airsh  Runway Information  Runway ID: 14 (L/R/C) Length: 6  Runway/Landing Surface (Check all that  Asphalt Grass/Turf Mac	ip On Airport/Airstrip ON/A  OOO ft Width 75 ft  apply)  adam	Distance From Airport Center: ON RUMWAY sm Direction From Airport: ON RUNWAY 14 degrees tru Airport Elevation: 99 ft. msl	
Airport Name:  Airport Identifier: KAR  Proximity to Airport: Off Airport/Airst  Runway Information  Runway ID: 14 (L/R/C) Length: 6  Runway/Landing Surface (Check all that  B Asphalt Grass/Turf Mac Concrete Gravel Met	ip On Airport/Airstrip ON/A  OOO ft Width: 75 ft  apply)  adam	Distance From Airport Center: ON RUMWAY sm  Direction From Airport: ON RUNWOY 14 degrees to Airport Elevation: 99 ft. msl  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Water-Choppy  Holes Snow-Crusted Water-Choppy  I ce Covered Snow-Dry Water-Glassy  Rough Snow-Wet Wet	
Airport Name:  Airport Identifier: KAR  Proximity to Airport: O Off Airport/Airst  Runway Information  Runway ID: 14 (L/R/C) Length: 6  Runway/Landing Surface (Check all that  Asphalt Grass/Turf Mac  Concrete Gravel Met  Dirt Gravel Snow  Approach/Departure Segment (Select one OTaxi OVFR Departure OTakeoff Olific Departure Proc Olifical Climb	ip On Airport/Airstrip ON/A  OOO ft Width: 75 ft  apply) adam   Water al/Wood   Unknown	Distance From Airport Center: ON RUMWAY sm Direction From Airport: ON RUNWDY 14 degrees tra Airport Elevation: 99 ft. msi  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Rough Snow-Wet Water-Glassy Rubber Deposits Soft Slush-Covered Vegetation Unknown	ie
Airport Name:  Airport Identifier:  Proximity to Airport: Off Airport/Airsts  Runway Information  Runway ID:	ip On Airport/Airstrip ON/A  OOO ft Width: 75 ft apply) adam	Distance From Airport Center: ON RUMWAY sm Direction From Airport: ON RUNWOY 14 degrees tra Airport Elevation: 99 ft. msl  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Caim Water-Choppy Holes Snow-Crusted Water-Choppy Rough Snow-Dry Water-Glassy Rough Snow-Wet Wet Slush-Covered Vegetation Unknown  Approach ODownwind OLow Approach OBase OGo Around OFinal Odoway Ourknown  OCrosswind OUnknown	ie
Airport Name:  Airport Identifier: KAR  Proximity to Airport: O Off Airport/Airst  Runway Information  Runway ID: 14 (L/R/C) Length: 6  Runway/Landing Surface (Check all that  Asphalt Grass/Turf Mac  Concrete Gravel Met  Dirt Gravel Snow  Approach/Departure Segment (Select one OTaxi OVFR Departure OTakeoff Olific Departure Proc Olifical Climb	ip On Airport/Airstrip ON/A  OOO ft Width: 75 ft apply) adam	Distance From Airport Center: ON RUMWAY Sm Direction From Airport: ON RUNWDY 14 degrees tra Airport Elevation: 99 ft. msl  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Water-Choppy   Holes Snow-Crusted Water-Choppy Water-Glassy   Ice Covered Snow-Dry Water-Glassy   Rough Snow-Wet Wet   Rubber Deposits Soft Soft Slush-Covered Vegetation Unknown  Approach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown)  OF Approach (Check all that apply)	ie
Airport Identifier: KAR  Proximity to Airport: O Off Airport/Airsts  Runway Information  Runway ID: 4 (UR/C) Length: 6  Runway/Landing Surface (Check all that apply)  Approach/Departure Segment (Select one OTaxi OVFR Departure Procountial Climb	ip On Airport/Airstrip ON/A  OOO ft Width: 75 ft apply) adam	Distance From Airport Center: ON RUMWAY sm Direction From Airport: ON RUNWOY 14 degrees tra Airport Elevation: 99 ft. msl  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Caim Water-Choppy Holes Snow-Crusted Water-Choppy Rough Snow-Dry Water-Glassy Rough Snow-Wet Wet Slush-Covered Vegetation Unknown  Approach ODownwind OLow Approach OBase OGo Around OFinal Odoway Ourknown  OCrosswind OUnknown	ie

"FLIGHT CREWMEN	MBER 1" INF	ORMAT	ION			40.00		Standard Control		Billians in the same
"Fugnt Crewmember 1" R	esponsibilities a	t the Time	of Accident/	Incident		2000年				
Frior OCO-Prior	O Student Pilot	O Fligh	t Instructor	O Check Pilo	t <b>O</b> Pli	ght Enginee	. Oak	er Flight Crev		
"Flight Crewmember 1" w	as pilot flying	Yes 🔲	No			Pur SuBitter	a Out	er rugnt Crev	W	
"Flight Crewmember 1" Ic										
First Name:	BINH				City of R	esidence:	Bee	class		4
Middle Initial: THAN	4				City of It	To ka	-00	SIEY	7	-
Last Name:							<u>.                                    </u>	ZIP: 7	1417	
Age at time o	f Accident/Incide	nt. C6	Date of	P D inth	Country		US	4		
			Certificate Nu			9	mm/dd/yyyy			
Degree of Injury	Seat Occup		Cetunicate M							
None O Fatal	D Left	O Front	O Unkn		estraint T				Inflatable I	estraints
O Minor O Unknown	O Right	O Rear	• • • • • • • • • • • • • • • • • • • •	.own	Availab		Used			
	O Center	O Single			O None		O None  Lap o	niv	■ Not Ins □ Installe	
Pilot Certificate(s) (Check a		St/Rote	craft		O 3-poi	int	O3-poir	nt	Not De	loyed
Private (A)		Commercial Airline Trans	'□USI port □Fore	Military	O 4-poi O 5-poi		O 4-poir O 5-poir		Deploy	d
Student Cocine, Sport		Plight Engine		ıgn	O Unkr		O Unkn		Unknov	in .
	Madia da un						-0			
	Medical Certific				edical Ce				Date of Las	Medical
Other		Class 3 Driver's Lic	ense (Sport Pile	ot only)	Without lin With limits	nitations/w	-	Unknown	12/09/2	024
	O Class 2	Unknown	enso (aport i ii	or only)	Special Iss	nauce nauce	ers O	N/A	mm/dd/yy	(20)
Medical Certificate Limitat	ions MucT	II.O A-R	CORREC	- 140 16	2				-77.	7
	7 .0.71	MCHI	COICABE	1145 26	NSCS					
Medical Certificate Special	Itenance									
potial	1334HUCC									
Date of Last Flight Review	A. Duren	Flick	4 Daniem A							
or Equivalent, Including	BIENNUAL		t Review Air							
FAR 121/135 Checks:	mm/dd/yyyy			MA					20 20 0	
Airplane Rating(s)		Model		7.2						
(Check all that apply)	Other Aircraft (Check all that ap	Kating(s)	Instrun	ent Rating(	3)		r Rating(s			
None	□ None	Pijj	Check a	ll that apply)	- 1		that apply)			
Single-Engine Land Single-Engine Sea	☐ Airship ☐ Balloon		Airpla Airpla	anc		None Airplan	ne Single-Eng	ine [	Instrument A Instrument H	rplane
Multiengine Land	☐ Glider		Helica Power	opter		Airplar	e Multi-Eng		Helicopter	licopter
Multiengine Sea	□ Gyroplane		Litowe	ICU LIII	1	Gyropi Powere	ane d Lin		Glider Sport	
	Helicopter Powered Lift		1		- 1		d Lill	L,	■ Sport	
Type Ratings	- Wast					Canala. 4 3	Paral a second			
					Î	Student 1	endorseme	nts (Include	dates)	
					- 1					
					1					
Eli-harmi			A 2 2							
Flight Time (Enter appropriate number of hours in each box)		This Make	Airplane Single	Airplane		Inst	rument			
Total Time	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Pilot in Command (PIC)	11200	02.4	241.	108.5	132,5	205.0	70.0	220,0	0	0
Time as Instructor	61/71	\$ 3,4	299,9	288.5	132.0		SERVICE DOSES	170.0		
This Make/Model			THE RESERVE					The State of the S		
Last 90 Days	19 6	6.01	- O- N	IN to	-					
Last 30 Days	13.4	00	CALL Y	7/4	B	0	0	6	D D	0
Last 24 Hours	07	0.0	1	1 July	0	8	0	- 0	0	6
		1/4/	VIIV	00	10	V	0	0	0	0

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FLIGHT CREWME	MBER 2" II	VFOR	MATIC	ON		100					A DESCRIPTION
"Flight Crewmember 2" F	Responsibilities	at the	Time of	Accident/I	ncident	NONE		T- 1000 CO			a acceptable
OPilot OCo-Pilot	O Student Pi	ot (	OFlight In		OCheck Pi	lot OF	light Enginee	r <b>O</b> Othe	r Flight Crev	v	
"Flight Crewmember 2" v		_ D X	es 🚹	No							
"Flight Crewmember 2" I											
First Name:						City of I	Residence:				
Middle Initial:											
Last Name:									ZIP:		
Age at time of	Accident/Incid	lent		Data of I		Country	·				
-5	Accident/Incid	_		Date of t	31rtin:		'	nm/dd/yyyy			
Degree of Injury	Seat Occ		Cer	tificate Nun							
O None O Fatal	OLeft	_	OFront	Ottobal		Restraint	Type			Inflatable	Hestraints
O Minor O Unknown	ORight		Rear	OUnkn	own	Availa		Used			
O Serious	OCenter	(	Single			O No		O None		□ Not In	
Pilot Certificate(s) (Check of	ill that apply)					O La <sub>l</sub> O 3-p		O Lap or O 3-poir		Installe	
None   Flight	Instructor [	Comn	nercial	□ US N	filitary	O 4-p	oint	O 4-poir		□ Not Deploy	
☐ Private ☐ Recre ☐ Student ☐ Sport	_		e Transpor	rt 🔲 Forei		O 5-p	oint known	O 5-poir		Unkno	
	20 10 E2	1 ruga	Engineer			O On	KNOWN	O Unkno	DWD.		
Principal Occupation	Medical Certi	ficate			1	Medical C	ertificate V	olidie.		Date	100
O Pilot	O None	O Clas			- 14		ertiticate v limitations/w			Date of La	s Medical
O Other	O Class 1	O Driv	er's Licen	se (Sport Pile	ot only) (	With lim	itations/waive	_	Unknown N/A		1
O Unknown  Medical Certificate Limita	O Class 2	O Unk	nown			O Special [	ssuance		W	mm/dd/y	2927
Medical Certificate Special  Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	Issuance			Review Air							
	mm/dd/yyyy		Model								_
Airplane Rating(s)	Other Aircra	off Pat	ing(e)								
(Check all that apply)	(Check all that	apply)	ing(s)		ent Rating		Instructo	r Rating(s)			
None	□ None			None	77 77		(Check all I	inat appty)	_		]
Single-Engine Land Single-Engine Sea	☐ Airship ☐ Balloon			☐ Airpla	ine		☐ Airplan	c Single-Engi	ne 🛭	Instrument A Instrument H	ilplane
☐ Multiengine Land	Glider			☐ Helico			Airplane	e Multi-Engir	е П	Helicopter	шсорісі
☐ Multiengine Sea	☐ Gyroplane			11040	cu Liii		Powered	ne i Lift		Glider Sport	
	☐ Helicopter☐ Powered Li	ft .							-	Sport	
Type Ratings					-		0. 1	N VI - 875			
·- •							Student E	ndorsemen	ts (Include o	lates)	
						- 1					
						- 1					
	20112 Company	MAG TIME									
Flight Time (Enter appropriate	All	This		Airplane		1	Inst	rument		T - 7	
number of hours in each box)	Alreraft	Lhis & M	Make odel	Single Engine	Airplane Multiengin		3 1111 1111				Lighter
Total Time						, vight	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)						+-	-				
ime as Instructor		_				_	+				
his Make/Model	to real	Sinh.			(246° =				C 000		
ast 90 Days				A	100 100						
ast 30 Days							-				
ast 24 Hours							+				10.00
											1

ADDITIONAL PL	IGHT CREWMEN	IBERS (	Exclusi	ye of cabin o	rew, comple	te the following	ng information					
Crew Name and Add							Seat Occup		١,			
First Name:				lence:			OLeft	O Front	Injury	-		
Middle Initial:							O Center	O Rear	OM OM			
100							ORight	O Single	O Se	ious		
			nty:					O Unknown	O Fa	al known		
Pilot Certificate(s)							Restraint T		Inflata			
□ None	Flight Instructor	Com	nmercial		S Military		Available O None	Used O None	Restra			
Private Student	Recreational Sport		ine Trans		reign		O Lap Only	-		t Installed		
		— Friigi	ht Engine	eer			O3-point O4-point	O 3-point		talled t Deployed		
Type Rating/Endors			Total F	Flight Time s	at the Time		O5-point	O 4-point O 5-point	□ D	ployed		
Accident/Incident A				Accident/Inc			OUnknow	n O Unknown	_ ~	known		
Crew Name and Add	dress						Seat Occupi	ed	Injury	8 210		
				ence:			OLeft OCenter	O Front O Rear	ONO			
Middle Initial:	<del>_</del>			<del></del>			OCenter ORight	O Single	O Minor O Serious			
Last Name:		Count	itry:			_ 3		OUnknown	O Fai	nž		
Pilot Certificate(s) (6	Check all that apply)		-				Doctroint Tv			known		
None	☐ Flight Instructor	□ Com	mercial	Пия	Military		Restraint Ty Available	/pe: Used	Inflatal Restrai	5		
☐ Private	☐ Recreational		ine Transj	port 🗀 Fo			O None	O None		3		
Student	☐ Sport		ht Engine				O Lap Only O 3-point	O Lap Only O 3-point		t Installed talled		
Type Rating/Endorse	ement for	T	Total F	light Time a	+ the Time		O 4-point	O 4-point	□ No	Deployed		
Accident/Incident Air	rcraft? Yes	□No o	of this A	Accident/Inc	ident:	hrs	O 5-point O Unknown	O 5-point O Unknown		ployed known		
PASSENGER(S)	OTHER PERSO	NNEI /	بر والمرابع		The state of the s	111.0	Ourioni	Onwoom				
		ALASTE IN	TCIDOR (	capin crew; c	ontinue on s	eparate shee	t if necessary)	No. of the last of	MOSE SEA	Be 1500 0591		
			ICIDOS (					Inflatable		12,500		
Name and Address	NONE			Seat	Injury	Restraint T	ype		Age			
Name and Address  First Name:	NON &		_	Seat	Injury	Restraint T	ype Used	Inflatable Restraints				
Name and Address  First Name:  Middle Initial:	NON &   City :   State:   2	ZIP:	_			Restraint T  Available O None O Lap Only	ype Used ONone OLap Only	Inflatable Restraints  Not Installed		er 5 years		
Name and Address  First Name:	NON &   City :   State:   2	ZIP:	_	OLeft OCenter ORight	ONone OMinor OSerious	Restraint T  Available  O None  O Lap Only  O 3-point	ype Used O None C Lap Only O 3-point	Inflatable Restraints  Not Installed Installed Not Deployed	Und	5,		
Name and Address  First Name:  Middle Initial:	NON &   City :   State:   Z   Country:	ZIP:	_	Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious	Restraint T  Available O None O Lap Only	ype Used ONone OLap Only	Inflatable Restraints  Not Installed Installed Dot Deployed Deployed	Und	5, ild Restraint		
Name and Address  First Name:  Middle Initial:  Last Name:	NON &   City :   State:   2	ZIP:	_	OLeft OCenter ORight	ONone OMinor OSerious OFatal	Restraint T  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 Unknown	Und If Unde OCh OLa	5,		
Name and Address  First Name:  Middle Initial:  Last Name:	City: State: Z Country: OPassenger	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used ONone OLap Only O3-point O4-point O5-point OUnknown	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown	Und If Unde OCh OLa	5, ild Restraint -Held		
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew	City: State: Country: OPassenger City:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	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 Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Dot Deployed Deployed Unknown	Unde If Unde OCh OLa OUn	5, ild Restraint -Held		
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City :	ZIP: O Other	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T  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 Installed Not Deployed	Und If Unde OCh OLa OUn	5, ild Restraint b-Held known er 5 years		
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:	City :	ZIP: O Other	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-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 Deployed Unknown  Not Installed Installed Installed Not Deployed Deployed Deployed	Unde OCh OLa OUn	5, ild Restraint b-Held known  F 5 years  5, ld Restraint		
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:	City :	ZIP: O Other	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T  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 Installed Not Deployed	Unde	5, ild Restraint b-Held known er 5 years 5, ld Restraint		
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		736						
NOTAMs (D and FDC), A	IRMETs, SIGM	ETs, PIREPs	in effect at t	he time of the	e accident/incide	ent: PONE		
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DAMAGE TO AIRORAFT	AND OTHER P	ROPERTY			
Aircraft Damage O None Substantial O Destroyed O Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None O In-Flight O On-Ground	O Both Ground and In- O Explosion at Unknow O Unknown	

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

Propellers damaged Parts of Flaps on Edges Under-Belly fusclages skin

## 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.

On april 21,2022 I perfermed local flight at approximately I PM at whater airport regional airport, wharter Texas.

I checked the weather online on available weather, gov and confirmed it was VFR. I stayed in the airport pattern to make practice boundings on run way 14.

I made 3 landings with full shops. On the 4th landing upon flaring the airplane at Statt speed 74 lds (white arc) at touch down I heard noise under the fuselage even though the landing year was engaged in down position. The aircraft roke to a full stop. I opened the door and walked out. I walked to the airport attendance building and alled the airport manager. the office was closed. Our uniquely just bought this aircraft last week. I flew it as P.I.C. dual with a CFI from Griffith, IN to Whatton TX on april 13, 14. I had 695 hours as P.I.C in the same type of airplane, Barm B55 may years ago.

RECOMMENDATION (How could this	accident/incident have been prevented?)		
Operator/Owner Safety Recommendation			
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	PAILURE (If more space is needed, continue on s	eparate sheat)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par	e? Yes No Un Known	Total Time/Cy	cles
in log books andr	no serial no. and describe the failure.) Total time Correct on Hobbs nue ter.	we not recorded On Part	
Just bought airo	aft one week. airraft was	not flown	Hours
bu nous bu	~ 00.	ğ	Cycles
of biening with	- from 2003 to 2020 accor	or ally to log Time Since Th	t- D-us
books, Hobbs me	ter was not working/notic	Inspected/Ove	
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delivery report	ted to automisshup to corr	ect squawe.	Hours
FUEL & SERVICES INFORMATI	on the state of th		
Fuel on Board at Last Takeoff	Fuel Type		
(Convert from pounds, as necessary)	O 80/87 O 115/145 O Jet B	O Other, specify	
	100 Low Lead		
Other Services, if Any, Prior to Departure	7.1	ive	
None			
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EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircra			
Method of Exit - Describe how the occupant		ion	
Describe non die occupant	s exited and how many occupants evacuated each locat	100	
Describe now the occupant	s exited and how many occupants evacuated each local		
5. 22. South to low the occupant	s exited and how many occupants evacuated each local		
OTHER AIRCRAFT - COLLISION Aircraft Registration Number   Manufactu	If air or ground collision occurred, complete this	saction for other aircraft)	-craft
OTHER AIRCRAFT - COLLISION Aircraft Registration Number   Manufactu		saction for other aircraft)  Damage to Other Air  Destroyed	Minor
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Aircraft Registration Number Manufactu Model:  Registered Owner of Other Aircraft	I (if air or ground collision occurred, complete this rer:  Pilot of Other Airca	saction for other aircraft)  Damage to Other Air  Destroyed  Substantial	Minor
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Aircraft Registration Number Manufactu Model:  Registered Owner of Other Aircraft	I (if air or ground collision occurred, complete this rer:  Pilot of Other Airca	saction for other aircraft)  Damage to Other Air  Destroyed  Substantial	Minor

ADDITIONAL INF	ORMAT	ION (Please type or print in Ink)	CAN SERVED TO SELECT OF THE SERVE		
		e is needed for any answers.			
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I HEREBY CERTIFY	THATT	HE ABOVE INFORMATION IS COMPL	ETÉ AND ACCURATE TO THE BEST OF	MY KNOW EDGE	
Date of this Report	Name of	Pilot/Operator: BINH LY		WI GACTED OF	
04/26/2012	Signatur		-		
mm/dd/yyyy	or	Check here to electronically sign this	doc		
If a Person Other tha	n Pilot/Op	erator is Filing Report			
Name:			Title:		
		electronically sign this document	<b></b>		
		FOR NTSB I	JSE ONLY		
NTSB Accident/Incid	ent No. 183	Reviewed by NTSB Regional Office CENTRAL	Name of Investigator	Date Report Recei	ived
		OLIVIL	TĔILHABER	4/27/202	72