

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 338th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/titled49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/titled49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

**Nearest City/Place:** Use the name of the nearest community in the state where the accident/incident occurred.

**Date/Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

**Maximum Gross Weight:** Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowl, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

**Air Medical Flight:** Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Public Aircraft:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**--Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**--Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**--Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**--includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**--Company flying with a paid, professional crew.

**FERRY**--Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**--Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**--Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**--Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**--Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**--Use only if the primary purpose of flight is not known.

**Other Aircraft--Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to [www.nts.gov](http://www.nts.gov).

# 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 College Park State MD

ZIP: 20740 Country: US

Latitude: 38.980 Longitude: 76.922

(Enter in decimal degrees or degrees: minutes: seconds)

### Accident/Incident Date/Time

Date: 11/18/2019 Local Time 16:25

mm/dd/yyyy

Time Zone: Eastern

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N1031M

Manufacturer: Mooney

Model: M20M

Serial Number: 27-0005

Year of Manufacture: 1989

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans Make: \_\_\_\_\_

☐ Original Design

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 3368 lbs

Weight at Time of Accident/Incident: 2750 lbs

Number of Seats: 4 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

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

☐ 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/Serial	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	Lycoming	TIO-540-AF1B	L-909461B	5/9/2017	270	55	30	55
Eng. 2								
Eng. 3								
Eng. 4								

### Last Inspection Type

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

Date Last Inspection: 05/13/2019

mm/dd/yyyy

Airframe Total Time: 2190 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: Hand held

### Propeller 1

- ☐ Fixed Pitch
- ☒ Controllable Pitch
- ☐ Ground Adjustable

Manufacturer: McCaughey

Model: B3D32C417

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Dorne & Margolin

Model or Part No.: 8.1

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> Name: <u>Adam Kinzinger</u> Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		City: <u>Channahon</u> State: <u>IL</u> ZIP: <u>60410</u> Country: <u>US</u>	
<b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		<input type="checkbox"/> Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (FAR 129) <input type="checkbox"/> Rotorcraft External Load (FAR 133) <input type="checkbox"/> Commuter Air Carrier (FAR 135) <input type="checkbox"/> On-Demand Air Taxi (FAR 135) <input type="checkbox"/> Commercial Air Tour (FAR 136) <input type="checkbox"/> Agricultural Aircraft (FAR 137) <input type="checkbox"/> Pilot School (FAR 141) <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> Commercial Space Transportation Experimental Permit <input type="checkbox"/> Commercial Space Transportation License <input type="checkbox"/> Other Operator of Large Aircraft	<b>Regulation Flight Conducted Under</b> <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415 <input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431 <input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435 <input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437  <input type="radio"/> FAR 91 Special Flight <input type="radio"/> Non-US, Commercial <input type="radio"/> Non-US, Non-commercial  <input type="radio"/> Public Aircraft <i>(Select one)</i> <input type="radio"/> Armed Forces <input type="radio"/> Federal <input type="radio"/> State <input type="radio"/> Local <input type="radio"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter  <input type="radio"/> Non-Scheduled or Air Taxi             </div> <div> <input type="radio"/> Domestic  <input type="radio"/> International             </div> </div> <input type="radio"/> Passenger <input type="radio"/> Cargo <input type="radio"/> Mail Contract Only	
<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Aerial Application  <input type="radio"/> Aerial Observation  <input type="radio"/> Air Drop  <input type="radio"/> Air Race/Show  <input type="radio"/> Banner Tow  <input type="radio"/> Business  <input type="radio"/> Executive/Corporate  <input type="radio"/> External Load  <input type="radio"/> Ferry             </div> <div> <input type="radio"/> Firefighting  <input type="radio"/> Flight Test  <input type="radio"/> Glider Tow  <input type="radio"/> Instructional  <input type="radio"/> Other Work Use  <input checked="" type="radio"/> Personal  <input type="radio"/> Positioning  <input type="radio"/> Skydiving             </div> <div> <input type="radio"/> Unknown             </div> </div>	
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>College Park Airport</u> <b>Airport Identifier:</b> <u>KCGS</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> <u>0</u> sm <b>Direction From Airport:</b> <u>on property</u> degrees true <b>Airport Elevation:</b> <u>48</u> ft msl	
<b>Runway Information</b> Runway ID: <u>15</u> (L/R/C) Length: <u>2607</u> ft Width: <u>60</u> ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Dry  <input type="checkbox"/> Holes  <input type="checkbox"/> Ice Covered  <input type="checkbox"/> Rough  <input type="checkbox"/> Rubber Deposits  <input type="checkbox"/> Slush-Covered             </div> <div> <input type="checkbox"/> Snow-Compacted  <input type="checkbox"/> Snow-Crusted  <input type="checkbox"/> Snow-Dry  <input type="checkbox"/> Snow-Wet  <input type="checkbox"/> Soft  <input type="checkbox"/> Vegetation             </div> <div> <input type="checkbox"/> Water-Calm  <input type="checkbox"/> Water-Choppy  <input type="checkbox"/> Water-Glassy  <input type="checkbox"/> Wet  <input type="checkbox"/> Unknown             </div> </div>	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Asphalt  <input type="checkbox"/> Concrete  <input type="checkbox"/> Dirt             </div> <div> <input type="checkbox"/> Grass/Turf  <input type="checkbox"/> Gravel  <input type="checkbox"/> Ice             </div> <div> <input type="checkbox"/> Macadam  <input type="checkbox"/> Metal/Wood  <input type="checkbox"/> Snow             </div> <div> <input type="checkbox"/> Water  <input type="checkbox"/> Unknown             </div> </div>			
<b>Approach/Departure Segment</b> <i>(Select one)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Taxi  <input type="radio"/> Takeoff  <input type="radio"/> Initial Climb             </div> <div> <input type="radio"/> VFR Departure  <input checked="" type="radio"/> IFR Departure Procedure/Clearance             </div> <div> <input type="radio"/> On Instrument Approach  <input type="radio"/> Landing             </div> <div> <input type="radio"/> Downwind  <input type="radio"/> Base  <input type="radio"/> Final  <input type="radio"/> Crosswind             </div> <div> <input type="radio"/> Low Approach  <input type="radio"/> Go Around  <input type="radio"/> Aborted Landing (after touchdown)  <input type="radio"/> Unknown             </div> </div>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ADF/NDB  <input type="checkbox"/> SDF  <input type="checkbox"/> VOR/TVOR  <input type="checkbox"/> VOR/DME  <input type="checkbox"/> TACAN             </div> <div> <input type="checkbox"/> PAR  <input type="checkbox"/> Sidestep  <input type="checkbox"/> ILS  <input type="checkbox"/> Localizer Only  <input type="checkbox"/> LOC-back course  <input type="checkbox"/> RNAV             </div> <div> <input type="checkbox"/> MLS  <input type="checkbox"/> LDA  <input type="checkbox"/> ASR  <input type="checkbox"/> Visual  <input type="checkbox"/> Contact  <input type="checkbox"/> Circling             </div> <div> <input type="checkbox"/> Practice  <input type="checkbox"/> GPS  <input type="checkbox"/> Unknown             </div> </div>		<b>VFR Approach</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Traffic Pattern  <input type="checkbox"/> Straight-In  <input type="checkbox"/> Valley/Terrain Following  <input checked="" type="checkbox"/> Go Around  <input type="checkbox"/> Full Stop             </div> <div> <input type="checkbox"/> Stop and Go  <input type="checkbox"/> Touch and Go  <input type="checkbox"/> Simulated Forced Landing  <input type="checkbox"/> Forced Landing  <input type="checkbox"/> Precautionary Landing  <input type="checkbox"/> Unknown             </div> </div>	

# "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: Adam

City of Residence: Channahon

Middle Initial: D

State: IL    ZIP: 60410

Last Name: Kinzinger

Country: US

Age at time of Accident/Incident: 41    Date of Birth: 1978    mm/dd/yyyy

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

### 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

02/02/2019  
mm/dd/yyyy

### Medical Certificate Limitations

none

### Medical Certificate Special Issuance

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

08/11/2019  
mm/dd/yyyy

### Flight Review Aircraft

Make: Fairchild

Model: Metroliner (RC-26B military)

### 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    ☐ Instrument Airplane  
☐ Airplane Single-Engine    ☐ Instrument Helicopter  
☐ Airplane Multi-Engine    ☐ Helicopter  
☐ Gyroplane    ☐ Glider  
☐ Powered Lift    ☐ Sport

### Type Ratings

BE-400. MU-300

### 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	3,700	35	1,300							
Pilot in Command (PIC)	3,300	35	1,300							
Time as Instructor	122	0	0							
This Make/Model										
Last 90 Days	110	35	98							
Last 30 Days	22	20	20							
Last 24 Hours	3	3	3							

## "FLIGHT CREWMEMBER 2" INFORMATION

### "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

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

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

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	<b>Seat Occupied</b> <input 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> <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>	Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<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
Available	Used																
<input type="radio"/> None	<input type="radio"/> None																
<input type="radio"/> Lap only	<input type="radio"/> Lap only																
<input type="radio"/> 3-point	<input type="radio"/> 3-point																
<input type="radio"/> 4-point	<input type="radio"/> 4-point																
<input type="radio"/> 5-point	<input type="radio"/> 5-point																
<input type="radio"/> Unknown	<input type="radio"/> Unknown																
<b>Pilot Certificate(s) (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>		<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>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 type="radio"/> Special Issuance			
<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 checked="" 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 type="radio"/> Unknown		<b>Date of Last Medical</b> _____ mm/dd/yyyy														

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

<b>Airplane Rating(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s) (Check all that apply)</b> <input 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) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s) (Check all that apply)</b> <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 <div style="float: right;"> <input type="checkbox"/> Instrument Airplane  <input type="checkbox"/> Instrument Helicopter  <input type="checkbox"/> Helicopter  <input type="checkbox"/> Glider  <input type="checkbox"/> Sport                 </div>
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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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										



<b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)										
<b>Crew Name and Address</b> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown			
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign           </div> </div>					<b>Restraint Type:</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown           </div> </div>		<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>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> First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown		<b>Injury</b> <input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown			
<b>Pilot Certificate(s)</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None  <input type="checkbox"/> Private  <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor  <input type="checkbox"/> Recreational  <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial  <input type="checkbox"/> Airline Transport  <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military  <input type="checkbox"/> Foreign           </div> </div>					<b>Restraint Type:</b> <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b>  <input type="radio"/> None  <input type="radio"/> Lap Only  <input type="radio"/> 3-point  <input type="radio"/> 4-point  <input type="radio"/> 5-point  <input type="radio"/> Unknown           </div> </div>		<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>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>PASSENGER(S) / OTHER PERSONNEL</b> (Include cabin crew; continue on separate sheet if necessary)										
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>			<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="radio"/> None <input type="radio"/> Lap Only <input 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 type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>			<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="radio"/> None <input type="radio"/> Lap Only <input 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 type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>			<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="radio"/> None <input type="radio"/> Lap Only <input 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 type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>			<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="radio"/> None <input type="radio"/> Lap Only <input 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 type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown	

FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>C09</u> City: <u>Morris</u> State: <u>Illinois</u> Country: <u>US</u>	<b>Time of Departure</b> Time: <u>1215</u> Time Zone: <u>Central</u>	<b>Destination</b> Airport ID: <u>KCGS</u> City: <u>College Park</u> State: <u>MD</u> Country: <u>US</u>	<b>Type Flight Plan Filed</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None  <input type="radio"/> Company VFR  <input type="radio"/> Military VFR  <input type="radio"/> VFR             </div> <div> <input type="radio"/> VFR/IFR  <input checked="" type="radio"/> IFR  <input type="radio"/> Unknown             </div> </div> Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<b>Type of ATC Clearance/Service (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> None  <input type="checkbox"/> VFR             </div> <div style="width: 25%;"> <input type="checkbox"/> Special VFR  <input checked="" type="checkbox"/> IFR             </div> <div style="width: 25%;"> <input type="checkbox"/> Special IFR  <input type="checkbox"/> VFR On Top             </div> <div style="width: 25%;"> <input type="checkbox"/> VFR Flight Following  <input type="checkbox"/> Traffic Advisory             </div> <div style="width: 25%;"> <input type="checkbox"/> Cruise  <input type="checkbox"/> Unknown / NA             </div> </div>			
<b>Airspace where the accident/incident occurred (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Class A  <input type="checkbox"/> Class B  <input type="checkbox"/> Class C  <input type="checkbox"/> Class D  <input checked="" type="checkbox"/> Class E             </div> <div style="width: 25%;"> <input type="checkbox"/> Class G  <input type="checkbox"/> Demo Area  <input type="checkbox"/> Warning Area  <input type="checkbox"/> Prohibited Area  <input type="checkbox"/> Restricted Area             </div> <div style="width: 25%;"> <input type="checkbox"/> Military Operations Area (MOA)  <input type="checkbox"/> Airport Advisory Area  <input type="checkbox"/> Jet Training Area  <input type="checkbox"/> TRSA  <input type="checkbox"/> FAR 93             </div> <div style="width: 25%;"> <input type="checkbox"/> Special  <input type="checkbox"/> Air Traffic Control Area  <input type="checkbox"/> Unknown             </div> </div>			
<b>Altitude of In-Flight Occurrence:</b> <u>ground</u> ft msl			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
<b>Source of Pilot Weather Information (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> National Weather Service  <input type="checkbox"/> Flight Service Station  <input type="checkbox"/> TV/Radio  <input checked="" type="checkbox"/> Automated Report  <input type="checkbox"/> Commercial Weather Service (DUATS)  <input checked="" type="checkbox"/> On-Board Weather             </div> <div style="width: 50%;"> <input type="checkbox"/> Company  <input type="checkbox"/> Military  <input type="checkbox"/> Internet  <input type="checkbox"/> None  <input type="checkbox"/> Unknown             </div> </div>		<b>Weather Observation Facility</b> Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
<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	
<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>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>Lowest Cloud Condition Height</b> _____ ft agl		<b>Ceiling Height</b> _____ ft agl	
<b>Wind Direction</b> <input checked="" type="checkbox"/> Variable -or- Direction: _____ degrees true		<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: _____ kts	
<b>Wind Gusts</b> <input type="checkbox"/> Not Gusting -or- Speed: <u>3-9</u> kts		<b>Visibility</b> _____ miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft	
<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 (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Hail  <input type="checkbox"/> Rain Showers             </div> <div style="width: 33%;"> <input type="checkbox"/> Drizzle  <input type="checkbox"/> Ice Pellets  <input type="checkbox"/> Snow Pellets  <input type="checkbox"/> Snow Grains  <input type="checkbox"/> Ice Crystals             </div> <div style="width: 33%;"> <input type="checkbox"/> Freezing Rain  <input type="checkbox"/> Snow Shower  <input type="checkbox"/> Ice Pellets Shower  <input type="checkbox"/> Freezing Drizzle             </div> </div>	
<b>Restriction to Visibility (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Blowing Dust  <input type="checkbox"/> Blowing Sand  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Blowing Spray  <input type="checkbox"/> Dust             </div> <div style="width: 50%;"> <input type="checkbox"/> Fog  <input type="checkbox"/> Ground Fog  <input type="checkbox"/> Haze  <input type="checkbox"/> Ice Fog  <input type="checkbox"/> Smoke  <input type="checkbox"/> Unknown             </div> </div>			
<b>Icing Forecast</b> <div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b>  <input type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>		<b>Icing Actual</b> <div style="display: flex;"> <div style="width: 50%;"> <b>Amount</b>  <input type="radio"/> None  <input type="radio"/> Trace  <input type="radio"/> Light  <input type="radio"/> Moderate  <input type="radio"/> Severe  <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Type</b>  <input type="radio"/> N/A  <input type="radio"/> Rime  <input type="radio"/> Clear  <input type="radio"/> Mixed  <input type="radio"/> Unknown             </div> </div>	
<b>Turbulence</b> <div style="display: flex;"> <div style="width: 60%;"> <b>Type (Check all that apply)</b>  <input type="checkbox"/> None  <input type="checkbox"/> Clear Air  <input type="checkbox"/> Terrain-Induced  <input type="checkbox"/> Convective Turbulence             </div> <div style="width: 40%;"> <b>Severity</b>  <input type="checkbox"/> Light  <input type="checkbox"/> Moderate  <input type="checkbox"/> Severe  <input type="checkbox"/> Extreme             </div> </div>			
<b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>  			



**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)*

Nose spinner damaged and prop bent. Scratches on front of cowling. Left main gear collapsed, both wings have significant damage and missing outer parts (sheered off). Flaps damaged significantly, tail appears to have just minor skin damage. Unsure about underneath. Impact damaged perimeter fence, posts and fencing.

**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.

Activated IFR flight plan on ground, then departed C09 at approximately 12:15 central time. Normal flight enroute at 15,000 feet. Approximately 3 hours later began visual approach into Runway 15 at KCGS, cancelled IFR 10 miles out. Approached on a 45° to final. Winds were variable but light, runway was dry in good condition. Cleared the trees at approach end and descended to touchdown point, pulled power, flared, and bounced from what seemed like an unexpected and excessive sink rate. Upon bounce, initiated Go-around procedures (immediate full power) and flew in ground effect. I did not retract the gear because I saw no indication of climb, and did not flip the flap up switch because I was worried they would continue to travel past takeoff setting and reduce lift. After a few seconds in ground effect with no climb, and realizing runway was now limited before the trees and successful climb could not be executed, I eventually set the plane down to the left of the runway, and struck the perimeter fence with left wing, then head on. Plane then spun 90 degrees to face the opposite direction upon settling, and right wing struck fence in the turn. Initiated ground egress after ensuring engine and electrics were off, and saw no fire indications.

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

## Operator/Owner Safety Recommendation

While potential mechanical issue could have existed, the following should be used to mitigate/ prevent this issue. Ensuring proper flare after tall trees on short runway, and rely on the brakes to stop vs utilizing more runway, in flying higher performance aircraft. After initiating full power, take proper focus on either correcting to land on runway if unable to be airborne to clear trees, and ensure flaps at takeoff position, while maintaining climb or speed increase in ground effect. If it is realized that a successful go-around cannot be achieved, make safe effort to clear perimeter fences. On flaps, if no detent exists to "feel" flaps at TO setting, mentally learn how many seconds of retraction to approximate takeoff setting, so as not to deal with having to look inside when task heavy.

**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.)

Unknown at this time.

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)

90 \_\_\_\_\_ 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

**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

Ensured engine off, turned off battery and electrics, unbuckled, egressed..

**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

11/20/2019

mm/dd/yyyy

Name of Pilot/Operator: Adam K. HinzingerSignature: [Redacted]

- 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.  
ERA20LA038Reviewed by NTSB Regional Office  
ERAName of Investigator  
GretzDate Report Received  
11/21/19