## 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			9									
Accident/Incident Lo						Accider	t/Incid	ent Date/7	Time			
Nearest City/Place: Delt				Stata. (						177'	2.00	
	Country: US				· · · ·	Date:	<u>12/(</u> mm/da	<u>)9/2021</u> ł/yyyy	Lo	cal 1 ime:	3:00 pm	
Latitude: 38.79 N		Longitude: 108	.06 W						Ti	me Zone:	MST	
		legrees:minutes:see			-	Callinia	::4h	04h A :	C	Midair	00	
(2	an alog, ees or e	legi eesiinininesiise				Collisio	n with	Other Air	crait: C	) Mildair	OOn-groun	d O None
<b>AIRCRAFT INFC</b>	RMATIO	N										
<b>Registration Number</b>	N543AS							ped and Ce				
Manufacturer: Piper								al Space Fli I Aircraft	ght			
Model: PA24-250						Maxim	um Gr	oss Weigh	t: 2900		lbs	
Serial Number: 24-3	250					Weight	t at Tin	ne of Accid	lent/Inci	dent:		lbs
Year of Manufacture	19					Numbe	r of Se	ats: 4		Flight Cre	ew Seats: 2	
Amateur-Built: OYe		OKit/Plans Ma									Seats: 2	
<b>⊙</b> No	. (	Original Design				Numbe	er of Er	igines: <u>1</u>				
Category of Aircraft		irworthiness Ce	rtificate		Landing Gea				-	e Type (Se		
• Airplane • Balloon	(Check all t Standar				(Check all that	<i>t apply)</i> Retractab	le			procating o Shaft	OLiqui OSolid	d Rocket Rocket
OBlimp/Dirigible	Norma	al 🗖 Restric				(cuactao)		ailwheel	O Turb		OHybri	id Rocket
O Glider O Gyroplane	Aerob						_		OTurb		ONone OUnive	
OHelicopter		nuter 🗖 Special	l Flight		Amphibian Emergency			igh Skid kid	O Turb O Elec		OUnkn	own
OPowered Lift	Transp				Float			ki	_			
ORocket OUltralight	🗖 Utility		l Light-Spo mental Ligh		□Hull			ki/Wheel	-		(Reciprocatir	
OUnknown	□Certificate	e of Authorization	-	-	Other Laur	nch/Reco	very Sys	stem	OCarb	uretor	• Fuel-	Injected
	None		Unknown	()	□ None		ΠU	nknown				
		Engine		Manuf	acturer's	Da of N	te Afg.	Rated Pow • Horsep		Total Time	Time Inspection	
Engine Engine Manuf	acturer	Model/Series			Number		dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1 Lycoming		IO-540C1B5		L-1148-	48 (48A)	unkn	own	260		unknown		147.96
Eng. 2 Eng. 3												
Eng. 4												
Last Inspection Type	;		Propelle	er 1	OFixed Pir OControll			Prop	eller 2	•	Fixed Pitch Controllable I	Ditah
	tinuous Airwo	orthiness			OGround A					-	Ground Adjus	
OAAIP OCor OAnnual OUn	ditional Inspe	ction	Manufac	turer: _	lartzell	_		Manu	Ifacturer:			
		020	Model:	HC-A2	/K-1							
Date Last Inspection:	<u>12/01/2</u> <i>mm/dd/yy</i>		ELT Ins	stalled:	⊙Yes O	No			-	ipment (	Check all that	apply)
Airframe Total Time		hrs	If Yes:	<b>c</b> .	Down - M	Accoller ADS-B						
hours measured at (	,					ELT 6 1						
O Last Inspection O Time of Accident/Incident     Model or Part No.:     TSO No.: O C91 (1)				C91a (12	1.5 MH	z) 🛛 Aut	opilot a Recorde	r				
Type of Maintenance Program (Select one) OC126 (			(406 MHz)			Elec	tronic Fli	ght Bag or	Handheld De	vice		
<ul> <li>♦ Annual</li> <li>♦ Conditional (Amateur-built only)</li> <li>₩ as ELT still me</li> <li>₩ as ELT still me</li> </ul>								iltifunction mary Fligh				
O Manufacturer's Inspection Program					nected to anten ? OYes ON	-	es ONo		dheld GP		t Dispiay	
O Other Approved Inspe O Continuous Airworthin		(AAIP)	If activa		. 0103 01			□Hea	ds Up Dis	play		
O Other, specify:			-		ocating Aircraf	t: OYes	• • No		oard Wea ellite Tracl	ther king Device	9	
Description of Fire E	xtinguishing	System	If not ac					🗹 Stal	l Warning	System		
• None			Indicate	Reason:					eo Record er, Specify	ing Device		
O Specify:					□ Fire Damag □ Battery Exp		naged		er, speeng	, -		

<b>OWNER/OPERATOR INFORM</b>	ATION					
Registered Aircraft Owner		City: Olathe				
Name: High Country Tree Galleries, Inc						
Fractional Ownership Aircraft: O Yes	<b>)</b> No	Country: USA				
<b>Operator of Aircraft</b> Same As Re	gistered Owner	Same Address as Registered Owner				
Name: Ronald G. Widner		City: Hotchkiss				
Doing Business As:		State: <u>CO</u> ZIP: <u>81419</u>				
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA				
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un	InderRevenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> <li>Commuter Air Carrier (FAR 135)</li> </ul>	<ul> <li>FAR 91</li> <li>OFAR 129</li> <li>OFAR 103</li> <li>OFAR 133</li> <li>OFAR 135</li> <li>OFAR 121</li> <li>OFAR 135</li> <li>OFAR 125</li> <li>OFAR 137</li> <li>OFAR</li> <li>OFAR 91 Special Flight</li> <li>O Non-US, Commercial</li> </ul>	R 431     O Non-Scheduled or Air Taxi     O International				
Commercial Air Taxi (FAR 135) Commercial Air Tour (FAR 136)	ONon-US, Non-commercial	· · · · · · · · · · · · · · · · · · ·				
Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
<ul> <li>Pilot School (FAR 141)</li> <li>Certificate of Authorization or Waiver (COA)</li> <li>Commercial Space Transportation Experimental Permit</li> <li>Commercial Space Transportation License</li> <li>Other Operator of Large Aircraft</li> </ul>	<ul> <li>Armed Forces</li> <li>Federal</li> <li>State</li> <li>Local</li> <li>Unknown</li> </ul>	O Aerial Application O Aerial Observation O Air DropO Firefighting O Flight Test O Glider Tow O Instructional O Other Work Use O Business O Executive/CorporateO Instructional O Personal 				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes O No	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: _Delta Blake Field		Distance From Airport Center: _2sm				
Airport Identifier: KAJZ		Direction From Airport: <u>32</u> degrees true				
<b>Proximity to Airport: O</b> Off Airport/Airstr		Airport Elevation: <u>5192</u> ft. msl				
Runway Information		<b>Condition of Runway/Landing Surface</b> (Check all that apply)				
Runway ID: 03/21       (L/R/C) Length: 55         Runway/Landing Surface       (Check all that         ☑ Asphalt       □ Grass/Turf       □ Mac         □ Concrete       □ Gravel       □ Meta         □ Dirt       □ Ice       □ Snow	adam 🔲 Water	DrySnow-CompactedWater-CalmHolesSnow-CrustedWater-ChoppyIce CoveredSnow-DryWater-GlassyRoughSnow-WetWetRubber DepositsSoftSlush-CoveredVegetationUnknown				
Approach/Departure Segment (Select one	2)					
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap OLanding	OpproachOpownwind OBaseO Low Approach OGo AroundO FinalO Go AroundO CrosswindO Unknown				
<b>IFR Approach</b> (Check all that apply)		VFR Approach (Check all that apply)				
None		None				
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	□MLS       □Practice         □LDA       □GPS         □ASR       □Visual         □Contact       □Circling         □Unknown       □Unknown	Traffic Pattern       Stop and Go         Straight-In       Touch and Go         Valley/Terrain Following       Simulated Forced Landing         Go Around       Forced Landing         Full Stop       Precautionary Landing         Unknown       Unknown				

<b>"FLIGHT CREWMEM</b>	BER 1" INF	ORMATI	ON							
"Flight Crewmember 1" Res Pilot O Co-Pilot	<b>ponsibilities</b> an O Student Pilot			c <b>ident</b> O Check Pilot		t Engineer	O Other 1	Elight Crow		
"Flight Crewmember 1" was		✓ Finght		Check Phot	Orligi	nt Engineer	Other	Flight Crew		
"Flight Crewmember 1" Ide	ntification									
First Name: Ronald					City of Re	sidence: H	otchkiss			
Middle Initial: G					State: <u>CC</u>			ZIP: 81419	)	
Last Name: Widner					Country:			<u> </u>		
Age at time of	Accident/Incide	ent <sup>.</sup> 53	Date of B		Jounnay.		m/dd/yyyy		· · · · · · · · · · · · · · · · · · ·	
rige at time of			Certificate Num							
Degree of Injury	Seat Occup				traint Ty	/ne		1	Inflatable F	Restraints
⊙ None O Fatal	O Left	O Front	<b>O</b> Unknov		Available	-	Used			xesti antis
O Minor O Unknown O Serious	<ul><li>Right</li><li>Center</li></ul>	O Rear O Single			O None O Lap of		O None O Lap onl	v	☑ Not Ins □ Installe	
Pilot Certificate(s) (Check all	that apply)				O 3-poir	nt	⊙3-point		□ Not Dej	ployed
□ None □ Flight Ir		Commercial	US M		O 4-poir O 5-poir		O 4-point O 5-point		□ Deploy □ Unknov	
<ul> <li>✓ Private</li> <li>☐ Recreation</li> <li>☐ Student</li> <li>☐ Sport</li> </ul>		Airline Transp Flight Engine	_ 0	n	O Unkn		OUnknov	vn		
	Iedical Certifi					tificate Va	-		Date of Las	st Medical
•		Class 3	ense (Sport Pilot			nitations/waivers		nknown /A	01/13/2021	
	Class 2	Unknown	ense (sport i not		With limitations/waivers O N/A     O Special Issuance			mm/dd/yyyy		
Medical Certificate Limitati	ons									
Must wear corrective lenses										
Medical Certificate Special I	ssuanaa									
Medical Certificate Special	Issuance									
Date of Last Flight Review		Fligh	4 Davian Aine	maft						
or Equivalent, Including		-	t Review Airc	rait						
FAR 121/135 Checks:	04/10/2021		: Piper I: Aerostar 6	01D						
	mm/dd/yyyy				<u>`````````````````````````````````````</u>	<b>.</b>	<b>D</b> (1 ()			
Airplane Rating(s) (Check all that apply)	Other Aircra (Check all that a			ent Rating(s)	)	(Check all i	r Rating(s)			
□ None	□ None	· TT - 77	□ None	i inai appiy)		None	nai appiy)		Instrument .	Airplane
<ul> <li>Single-Engine Land</li> <li>Single-Engine Sea</li> </ul>	<ul><li>☐ Airship</li><li>☐ Balloon</li></ul>		🗹 Airpla			Airplan	e Single-Eng	ine 🗖	Instrument	
✓ Single-Englie Sea ✓ Multiengine Land	Glider		☐ Helico ☐ Power			☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider				
☐ Multiengine Sea	Gyroplane					D Poweree			Sport	
	<ul> <li>Helicopter</li> <li>Powered Lif</li> </ul>	ì								
Type Ratings			I			Student E	ndorseme	nts (Include	dates)	
			Airplane			Inet	ument			
Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	15,179	2,500	5,179	10,052	8,000		Simulated		Juiti	
Pilot in Command (PIC)	14,900	2,500	5,079	9,873	5,000	-				
Time as Instructor	0									
This Make/Model										
Last 90 Days	60	1	60	0	(	0 0				
Last 30 Days	18	1	18	0		0 0				
Last 24 Hours	1	1	1	0	(	0 0				

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Ro OPilot OCo-Pilot	esponsibilities at th O Student Pilot	e Time of OFlight In		<b>ident</b> Check Pilo	t <b>O</b> Flig	ght Engineer	<b>O</b> Other F	light Crew		
"Flight Crewmember 2" wa	as pilot flying 🛛 🗖	Yes 🗖	No							
"Flight Crewmember 2" Id	entification									
First Name:					City of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
	Accident/Incident:						/dd/yyyy			
Age at time of	Accident/incident.					"""	/uu/yyyy			
Degree of Injury	Seet Occupied		rtificate Numb		Restraint T	wno			- fladabla D	
O None O Fatal	Seat Occupied OLeft	OFront	OUnknow					1	Inflatable R	lestraints
O Minor O Unknown O Serious	O Right O Center	ORear OSingle	•••••		Availab O None O Lap	e	Used O None O Lap only	J	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ll that apply)				<b>O</b> 3-po	int	O 3-point	,	🗖 Not Dep	oloyed
□ None □ Flight		nmercial	🗖 US Mi		О 4-ро О 5-ро		O 4-point O 5-point		□ Deploye	
□ Private □ Recrea □ Student □ Sport		line Transpo ght Engineer	_ 0	1	O Unki		O Unknow	/n		v11
Student Sport			•							
Principal Occupation	Medical Certificate	e		N	Iedical Ce	ertificate Val	lidity	]	Date of Las	t Medical
O Pilot		lass 3				mitations/waiv		nknown		
O Other O Unknown		river´s Licei nknown	nse (Sport Pilot		Special Is	tations/waivers suance	<b>O</b> N	/A	mm/dd/yyyy	
Medical Certificate Limitar	•••••••••••				- F					
Mitulear Cortinicate Elinita										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		Make:								
FAR 121/135 Checks: _	mm/dd/vvvv	_	:							
Airplane Rating(s)	Other Aircraft R	Rating(s)	Instrume	ent Rating	<b>J</b> (S)	Instructor	Rating(s)			
(Check all that apply)	(Check all that appl	0.		that apply)		(Check all th				
□ None	□ None		□ None			□ None			Instrument A	
<ul> <li>☐ Single-Engine Land</li> <li>☐ Single-Engine Sea</li> </ul>	☐ Airship ☐ Balloon		Airplan			Airplane			Instrument H	elicopter
☐ Multiengine Land	Glider		Helico			<ul><li>Airplane</li><li>Gyroplan</li></ul>			Helicopter Glider	
☐ Multiengine Sea	Gyroplane					Powered			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings						Student Er	Idorsement	ts (Include de	ates)	
Type Intenigo						Student Er			wesy	
								1	1	T
Flight Time (Enter appropria	te All T	his Make	Airplane Single	Airplane	e	Inst	rument			Lighter
number of hours in each box)		& Model	Engine	Multiengi		t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	_								<b> </b>	
Pilot in Command (PIC)										
Time as Instructor			_			_				
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

	GHT CREWMEM	BERS (F	Exclusive	of cabin cr	ew, complete	the followin	g information)		
Crew Name and Add	ress						Seat Occupie	d	Injury
Middle Initial:	First Name:       City of Residence:         Middle Initial:       State:         Last Name:       Country:					O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown	
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Ain	Flight Instructor     Recreational     Sport	□ Airli □ Fligh		ort		hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	De: Used O None O Lap Only O 3-point O 4-point O 4-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Add	ress						Seat Occupie	d	Injury
Middle Initial:		State	:	2	ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C None Private Student Type Rating/Endorse Accident/Incident Air	Flight Instructor     Recreational     Sport  rement for recraft?     Yes	Airli Fligh	of this A	ort	t the Time dent:		Restraint Ty Available O None D Lap Only O 3-point O 4-point O 5-point O Unknown	be: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S) /	OTHER PERSO	NNEL (II	nclude ca	abin crew; c	ontinue on se	eparate shee	t if necessary)	Inflatable	
Name and Address				Seat	Injury	Restraint T	уре	Restraints	Age
First Name: Garrett				1					
Middle Initial: Last Name: Lassiter OCrew		ZIP: <u>79424</u> A		<ul> <li>Left</li> <li>Center</li> <li>ORight</li> <li>OUnknown</li> <li>Row:</li> </ul>	<ul> <li>None</li> <li>Minor</li> <li>Serious</li> <li>Fatal</li> <li>Unknown</li> </ul>	Available ONone OLap Only 3-point O4-point O5-point OUnknown	<ul> <li>● 3-point</li> <li>● 4-point</li> <li>● 5-point</li> </ul>	<ul> <li>✓ Not Installed</li> <li>☐ Installed</li> <li>☐ Not Deployed</li> <li>☐ Deployed</li> <li>☐ Unknown</li> </ul>	
Middle Initial: Last Name: <u>Lassiter</u>	State: <u>TX</u> 2 Country: <u>US</u> ∕ ⊙Passenger City : State: 2	ZIP: <u>79424</u> A O Oth ZIP:	her	OCenter ORight OUnknown	O Minor O Serious O Fatal	ONone OLap Only O3-point O4-point O5-point	O None Lap Only 3-point 4-point 5-point Unknown Used None	<ul> <li>Installed</li> <li>Not Deployed</li> <li>Deployed</li> </ul>	If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
Middle Initial: Last Name: Lassiter OCrew First Name: Middle Initial: Last Name:		ZIP: O Oth ZIP: O Oth ZIP:	her	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed ☐ Not Deployed	If Under 5,         O Child Restraint         O Lap-Held         O Unknown         If Under 5 years         If Under 5,         O Child Restraint         O Lap-Held         O Unknown

Last Departure Void         Time 3:00 PM         Destination         Type fight Nam Field           Argunt D: KAJZ         Time 3:00 PM         Argunt D: KAJZ         Or Sele         O	FLIGHT ITINERARY IN	FORMATION	J						
City. Delta       Time: 3:00 PM       City. Delta       Delta<	Last Departure Point	Time	e of Departure	Destinatio	n		Type Fligh	t Plan Filed	
Cary Delta       The Zone: MST       City Delta       State CO	Airport ID: KAJZ	<b></b>	2.00 DM	Airport ID:	KAJZ				
State: CO	City: Delta		<u>3.00 PM</u>	City: Delta	a				
Country: USA       Addivate3'       O're       ONO       O'lations         Type of ATC ClearanceService (Check all Mat apph) O'Re       Special IFR IFR       U'RE Flight Following D'Re D'Re D'Re D'Re D'Re D'Re D'Re D'Re	State: CO	Time	Zone: MST	State: CO					llown
Type of ATC Clearance/Service (Check all that apph)       Special II R       Cruise         VFR       Special VIR       Traftic Advisory       Cruise         Class A       Class G       Mitting Operations Area (MOA)       Special Class A       Altitude of In-Flight Occurrence:         Class B       Demo Area       Arrort Advisory Area       Class A       Class A       Class A       Altitude of In-Flight Occurrence:         Class D       Demo Area       Arrort Advisory Area       Class A       Class A       Altitude of In-Flight Occurrence:         Class D       Prohibited Area       TRA       Class A       Class A       Altitude of In-Flight Occurrence:         Class D       Prohibited Area       TRA       Class A       Class A       Altitude of In-Flight Occurrence:         Mutant Veature Information       Weather Observation Facility       Flight Service Area       Trace AME       Secure of Plot Meather Service       Company         Philip Service Station       Interest       Mititary       Trace America       Time Acidem Stre:       and         Commercial Weather Service (DUATS)       Unknown       Observation Facility       Flight Condition       Outnown         Obtact Conditions       Interest of Proceptation       Outnown       Observation Facility       Outnown							-	OYes ONo	OUnknown
Done       Special VFR       UPR		ice (Check all that a	annly)						
□ VFR       □ FR       □ VFR On Top       □ Traffic Advisory       □ Unknown / NA         □ Class Are the acided/inficient encurred       (Check all that apply)       □ Class C       □ Altitude of In-Flight         □ Class C       □ Oras Area       □ Altitude of In -Flight       □ Class C       □ Altitude of In -Flight         □ Class C       □ Oras Area       □ Altitude of In -Flight       □ Class C       □ Altitude of In -Flight         □ Class E       □ Class C       □ Oras Area       □ Altitude of In -Flight       Occurrence:         □ Class E       □ Restricted Area       □ Flight Advisory Area       □ Altitude of In -Flight         □ Class E       □ Restricted Area       □ Flight Advisory Area       □ Altitude of In -Flight Advisory Area         □ Altitude Visition II Weather Information       □ Altitude Advisory       □ Altitude of In -Flight Advisory       □ Altitude of In -Flight Advisory         □ Altitude Visition II Weather Service       □ Company       □ Altitude of In -Flight Advisory       □ Altitude of In -Flight Advisory         □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory         □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory       □ Altitude Advisory				cial IFR		□ VFR Flight Follo	owing	Cruise	
Class A       Class G       Military Operations Area (MOA)       Special       Orcer (MIA)       Orcer(MIA)	UVFR II	IFR	VFI	R On Top		Traffic Advisory		Unknown / N	A
□ Class A       □ Class G       □ Military Operations Area (MOA)       □ Special       Occurrence:         □ Class C       □ Warning Area       □ Jet Training Area       □ Jut Traffic Control Area       5400       ft msl         □ Class C       □ Class D       □ Probibited Area       □ JRSA       □ Class D       □ Class Area       □ Linknown       □ Class Area       □ Linknown       5400       ft msl         □ Class L       □ Class Area       □ Area       □ JRSA       □ Class Area       □ Class Area       □ Class Area       □ Class Area       □ Area       5400       ft msl         □ Class L       □ Class Area       □ Class Area <td></td> <td>incident occurred</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Altitude of In</td> <td>-Flight</td>		incident occurred						Altitude of In	-Flight
□ Class C Class D □ Class C □ Clas							1.4		8
□ Class D       □ Prohibited Area       □ TRSA         □ Class E       □ Restricted Area       □ FRA 93         WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE         Source of Pilot Weather Information (Check all that apply)       Weather Observation Facility Facility ID: KAJZ         □ Minitary       □ Company         □ Minitary       □ Company         □ Minitary       □ Distance from Accident Site: 2					rea		ol Area	5400	ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE         Source of Pilot Weather Information (Check all that apply)         Watinal Weather Service Prigati Service Station Commercial Weather Service (Durational Report Commercial Weather Service (DUATS)       Company Military Distance from Accident Site: 2 Doesn'a finit mice: 3:00 PM         Basic Condition Outcommercial Weather Service OutConform Accident Site: 2 Domercial Mealer Service (DUATS)       Light Condition Observation Time: 3:00 PM       Immercial Distance from Accident Site: 2 Distance from Accident Site: 32 degrees true         Basic Condition O MC O MC O MC O MC O Dawn O Clear O Farial Obscuration O Partial Obscuration O Scattered       Celling O None O Clear O Thin Obscuration O Night       Obscured O Bright Night       Temperature: (C) or 40 (F)         Wind Direction O Few O Corr O Thin Obscuration O Scattered       Wind Speed (Calm Celling Height (Cilling Height (Cilling Height)       Wind Gusts (Cilling Height)       Visibility (Desting Clear O cr- ser       Visibility (Desting Clear (C) or 40 (F)         Wind Direction (Corr O Thin Obscuration O Clear O Thin Obscuration O Clear O Thin Obscuration O Clear (C) Thin Obscuration O Clear (C) O Thin Obscuration (C) O Thin Obs	Class D	Prohibited Area	TRS	SA					
Source of Pilot Weather Information (Check all that apply)       Weather Observation Facility Facility ID: KAJZ         Distance duals of service Diffught Service Station       Company Military       Military       Distance from Accident Site: _2 mm         Dictored Weather Service Commercial Weather Service (DUATS)       Distance from Accident Site: _2 mm       mm         Dome       Distance from Accident Site: _2 mm       degrees true         Basic Conditions       Light Condition ODaw       Oback ODark Night       Olarkown         SkyLowest Cloud Condition O Partial Obscuration       Ceiling Overcast       O block O Indefinite O Vingint       Obscured O Indefinite O Unknown       Temperature:(C) or(C) or(F)         Vind Direction       Wind Speed fr agl       Wind Gusts freet freet freet freet 									
Clock all that apply)	WEATHER INFORMA	TION AT THE		<b>F/INCIDEN</b>	T SITE				
Bitchead Weinher Service       Company       <		rmation			Weather Obs	servation Facility			
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					Facility ID: K	AJZ			
□ Trace       Or       Or       Or       Statuc       Min         Or       Basic Conditions       Unknown       Direction from Accident Site: _2 nm       Direction from Accident Site: _2 nm         OWNC       On-Board Weather       Direction from Accident Site: _2 nm       Direction from Accident Site: _2 nm         OWNC       ODawn       ODawn       ODawn       ODark Night       OUnknown         SkyLowest Cloud Condition       Ceiling       ONnee (Clear)       Obscured       Deresting:					Observation Tir	me: 3:00 PM			
Commercial Weather Service (DUATS)       Unknown       Distance trion Accident Site: nm         Dor-Board Weather       Direction from Accident Site: degrees true         Basic Conditions       Uight Condition         OVAC       ODawn       ODawn         OLINKnown       ODawn       ODark Night       OUnknown         Sky/Lowest Cloud Condition       OCient       OCient       ODstate         O Clear       O Thin Broken       O Ceiling       O Dosc (Clear)       O Doscured         O Scattered       O Unknown       O Ceiling Height       Ceiling Height       O Corr	TV/Radio	Intern	net		Time Zone: M	IST			
☐ On-Board Weather       Direction from Accident Site: <u>32</u> degrees true         Basic Conditions       Light Condition         @VMC       ODawn       ODusk       ODark Night       OUnknown         Sky/Lowest Cloud Condition       Ceiling       On-Board Weather       Obscured       Obscured       Obscured       Obscured       Obscured       Dimetrian Hg         © Few       © Thin Droken       © Ceiling Height       O vertext       O boscured       Indefinite       O werest       O unknown         O variable       —       ft agl					Distance from A	Accident Site: .2		nm	
Basic Conditions       Light Condition         Ø VMC       ODawn       ODusk       ODark Night       OUknown         Ø VMC       ODawn       ODusk       ODark Night       OUknown         Sky/Lowest Cloud Condition       OThin Broken       Ceiling       Obscured       Broken       Obscured       Obscured       Broken       O indefinite         O Clear       O Thin Overcast       O Unknown       O indefinite       O vercast       O unknown       Image: Style Clear in the strength of th	_		lown		Direction from	Accident Site: 32		degrees true	
OMC       Ong       Onight       OBright       OBright       OBright       OBright         OUnknown       Outhown       Onight       OBright       OBright       OBright       OBright         StylLowest Cloud Condition       Othin Broken       Ohne (Clear       O Obscured       Dew Point:       (C) or       <	Basic Conditions		Light Conditi	on					
OUnknown       Ceiling         Sky/Lowest Cloud Condition       Ceiling         © Clear       O Thin Broken         Perw       OThin Overeast         O Partial Obscuration       O Unknown         Scattered       O Unknown         Lowest Cloud Condition Height       Ceiling Height        f agl       Ceiling Height	<b>⊙</b> VMC		ODawn	ODusk	ODark	Night <b>O</b> Un	known		
Sky/Lowest Cloud Condition       Ceiling       Ceiling       Ceiling       Ceiling       Ceiling       Comparison       Comparison </td <td>-</td> <td></td> <td>ODay</td> <td>ONight</td> <td>OBrigh</td> <td>ht Night</td> <td></td> <td></td> <td></td>	-		ODay	ONight	OBrigh	ht Night			
O Clear       O Thin Broken       O None (Clear)       O Obscured         O Few       O Thin Overcast       O Unknown       O Indefinite       Dew Point:(C) or(F)         Attial Obscuration       O Unknown       O Vercast       O Unknown       Dew Point:(C) or(F)         Scattered       Ouknown       O Vercast       O Unknown       O Unknown       Dew Point:(C) or(F)         Lowest Cloud Condition Height       Ceiling Height       Ceiling Height       O Unknown       Dew Point:(C) or(F)         Vind Direction       Wind Speed       Wind Gusts       Proteint and Variable       O Unknown         -or-       Calm       Proteint and Variable       Or       Proteint and Variable       Or         -or-       Speed:kts       Speed:kts       Proexing Rain       RVV:miles         Intensity of Precipitation       Type of Precipitation (Check all that apply)       Restriction to Visibility (Check all that apply)         O Light       None       Brow Snow       Snow Snow       Brow Snow       Blowing Snad       Haze         Blowing Snow       Snow Snow       Ice Pellets       Snow Snow       Ice Pellets Shower       Blowing Snow       Blowing Snow       Unknown         Ounknown       None       N/A			a						
O Few       O Thin Overcast       O Broken       O Indefinite         O Partial Obscuration       O Unknown       O vercast       O Unknown         Scattered       O vercast       O Unknown       O Unknown         Lowest Cloud Condition Height	-		Q	0	Observed	Temperature:	(	(C) or <u>40</u>	(F)
O Scattered       Lowest Cloud Condition Height       Ceiling Height       In Hg						Dew Point:	(C	) or	(F)
Lowest Cloud Condition Height       Ceiling Height       orMB        ft agl      ft agl      ft agl         Wind Direction       OrMB      MB        Variable       OrMB      MB        Or		Unknown	O Overcast	0	Unknown	Altimeter Sett	ino:	in Hø	
Lowest Cloud Condition Height       Centing Height        f agl      f agl        f agl      f agl         Wind Direction      f agl         Variable      Gain	•	- 1-4		4			or	MB	
Wind Direction       Wind Speed       Wind Gusts       Visibility       10+       miles         Or       Calm       Direction:       Gegrees true       Speed:       Not Gusting       RVR:       feet         -or-       Speed:       kts       Speed:       kts       Density Altitude:       ft         Intensity of Precipitation       Type of Precipitation (Check all that apply)       Restriction to Visibility (Check all that apply)       Restriction to Visibility (Check all that apply)         OLight       None       Drizzle       Freezing Rain       Blowing Sund       Ground Fog         OModerate       Rain       Drizzle       Snow Shower       Blowing Sand       Haze         ON/A       Hail       Snow Grains       Freezing Drizzle       Blowing Snow       Lee Fog         Blowing Spray       Smoke       Dust       Unknown       Unknown       Severity         O None       N/A       Clear       ON/A       Trace       Rime       ONA       Dight       Severe         O None       ON/A       Onderate       ONA       ONA       Trace       Raim       Type         O None       ON/A       One       ON/A       One       ON/A       One       Dight       One       Dig	Lowest Cloud Condition Her	-	Cennig Heigh	L	ft agl				
□ Variable       □ Calm       □ Not Gusting       RVR:feet         •or-       •or-       •or-       rection:degrees true       Speed:kts       Density Altitude:ft         Intensity of Precipitation       Type of Precipitation (Check all that apply)       Restriction to Visibility (Check all that apply)         O Light       □ None       □ Drizzle       □ Freezing Rain       □ None       □ Freezing Rain         ○ Moderate       □ Rain       □ Ice Pellets       □ Snow Shower       □ Blowing Sand       □ Haze         ○ N/A       □ Hail       □ Snow Grains       □ Freezing Drizzle       □ Freezing Drizzle       □ Blowing Snow       □ Ce Fog         ○ Unknown       □ Rain Showers       □ Ice Pellets       □ Freezing Drizzle       □ Blowing Snow       □ Ce Fog         ○ N/A       □ Hail       □ Snow Grains       □ Freezing Drizzle       □ Blowing Snow       □ Ce Fog         □ Blowing Spray       □ Smoke       □ Dust       □ Unknown       □ Unknown         Icing Forecast       Amount       Type       OKactual       Moderate         ○ None       ○ N/A       ○ Trace       ○ Rime       □ Light       □ Celear Air       □ Moderate         ○ Light       ○ Clear       ○ Moderate       ○ Mixed       ○ Severe </td <td></td> <td>#8-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		#8-							
or-	Wind Direction	Wind Speed				Visibility	10+	miles	
-or-       RVV:miles         Direction:degrees true       Speed:kts       Speed:kts       Density Altitude:ft         Intensity of Precipitation       Type of Precipitation (Check all that apply)       Restriction to Visibility (Check all that apply)         O Light       None       Drizzle       Freezing Rain         O Moderate       Rain       Ice Pellets       Snow Shower         O Heavy       Snow       Snow Pellets       Ice Pellets Shower       Blowing Sand       Haze         O Unknown       Rain Showers       Ice Crystals       Freezing Drizzle       Blowing Spray       Smoke         Iting Forecast       Amount       Type       Amount       Type (Check all that apply)       Severity         O None       N/A       O None       O N/A       O None       O N/A         O Light       O Clear       O None       O N/A       O None       O N/A         O Unknown       O Clear       O Moderate       O Mixed       O Mixed       O Mixed         O Severe       O Unknown       O Unknown       O Unknown       O Elear       O Unknown       O Elear	Variable			Not Gustin	ıg	RVR		feet	
Direction:     degrees true     Speed:     kts     Speed:     kts     Density Altitude:     ft       Intensity of Precipitation     Type of Precipitation (Check all that apply)     Light     None     Drizzle     Freezing Rain     Restriction to Visibility (Check all that apply)       OLight     None     Rain     Dirzzle     Freezing Rain     None     Fog       OHeavy     Snow     Snow     Ice Pellets     Snow Shower     Blowing Sand     Haze       OUnknown     Rain Showers     Snow Grains     Freezing Drizzle     Freezing Drizzle     Blowing Snow     Ice Fog       Blowing Spray     Snow     Check all that apply)     Snoke     Dust     Unknown       Icing Forecast     Amount     Type     None     ON/A       O Trace     Rime     ON/A     OTrace     Rime       OLight     Clear     OModerate     OMixed     Severe       OModerate     OMixed     Severe     OMixed     Severe	-07-		ble	-0r-		RVV		miles	
Intensity of Precipitation       Type of Precipitation (Check all that apply)       Restriction to Visibility (Check all that apply)         OLight       None       Drizzle       Freezing Rain         OModerate       Rain       Ice Pellets       Snow Shower         OHeavy       Snow       Snow Pellets       Ice Pellets Shower       Blowing Dust       Ground Fog         Mone       Hail       Snow Pellets       Ice Pellets Shower       Blowing Snow       Ice Fog         ØN/A       Hail       Snow Grains       Ice Crystals       Freezing Drizzle       Blowing Snow       Ice Fog         Blowing Spray       Smoke       Dust       Unknown       Unknown       Severity         Ø None       N/A       One       ON/A       One       ON/A       Elight       Oclear         Moderate       Rime       Clight       Oclear       One       Elight       Elight       Elight         O Trace       Rime       Olight       Oclear       Mixed       Severe       Extreme         O Severe       Ounknown       Ounknown       Ounknown       Extreme       Extreme			kts		kts				
O Light       O None       Drizzle       Freezing Rain         O Moderate       Rain       Ice Pellets       Snow Shower         O Heavy       Snow       Ice Pellets       Ice Pellets Shower       Blowing Dust       Ground Fog         O N/A       Hail       Snow Grains       Ice Crystals       Freezing Drizzle       Blowing Snow       Ice Fog         O Unknown       Rain Showers       Ice Crystals       Freezing Drizzle       Blowing Snow       Ice Fog         Mount       Type       None       N/A       Dust       Unknown         O Trace       Rime       O Light       O Clear       O Moderate       O Mixed         O Severe       O Unknown       O Unknown       O Unknown       O Unknown       O Unknown       O Unknown	Intensity of Precipitation	Type of Precipita	ation (Check all t	hat apply)		· ·			<i>,</i> )
OModerate       Rain       Ice Pellets       Snow Shower       Blowing Dust       Ground Fog         OHeavy       Snow       Snow       Ice Pellets       Ice Pellets Shower       Blowing Sand       Haze         ON/A       Hail       Snow Grains       Ice Crystals       Freezing Drizzle       Blowing Snow       Ice Fog         Blowing Spray       Smoke       Dust       Unknown       Unknown         Icing Forecast       Amount       Type       None       ON/A         O None       ON/A       One       ON/A       Englet       Icing Actual         Amount       Type       One       ON/A       Severity       Severity         O None       ON/A       One       ON/A       One       ON/A         O Trace       Rime       Olight       Olight       Oliear       OModerate       OModerate       OModerate       OMixed       Severe         O Unknown       Ounknown       Ounknown       Ounknown       Ounknown       Ounknown       Extreme       Extreme		•• •			g Rain				<i></i>
• N/A         Ounknown           □ Hail         Rain Showers           □ Snow Grains         □ Ice Crystals           Freezing Drizzle           □ Blowing Snow         □ Ice Fog         □ Blowing Spray         □ Blowing Spray         □ Dust           □ Smoke         □ Dust          Icing Forecast           Amount           Type           □ Ice Crystals           □ Ice Crystals           □ Blowing Snow         □ Lie Fog         □ Dust           □ Smoke          Mount         Type           O N/A           □ Ice Crystals           Type           □ Manown           □ Unknown          Icing Forecast           Amount           Type           O N/A           □ Severity           Severity           Severity             O None           N/A           O Trace           O Rime           O Light           O Clear           O Moderate           O Mixed           O Mixed           O Severe           O Unknown           □ Severe           □ Convective Turbulence           Extreme           Extreme	<b>O</b> Moderate	Rain	Ice Pellets						
Ounknown       Image: Rain Showers       Ice Crystals       Blowing Spray       Smoke         Icing Forecast       Icing Actual       Image: Dust       Unknown         Amount       Type       Mone       N/A       Severity         None       N/A       None       N/A       Icing Actual         Amount       Type       None       N/A       Severity         O None       N/A       O Trace       Rime       Icing to Clear         O Light       O Clear       O Moderate       O Mixed       Severe         O Moderate       O Mixed       O Severe       O Unknown       Icing Actual				~					
Icing Forecast AmountIcing ActualTurbulenceAmountTypeAmountType $\odot$ NoneN/A $\odot$ NoneN/A $\bigcirc$ TraceRime $\bigcirc$ TraceRime $\bigcirc$ Light $\bigcirc$ Clear $\bigcirc$ Moderate $\bigcirc$ Mixed $\bigcirc$ Moderate $\bigcirc$ Mixed $\bigcirc$ Mixed $\bigcirc$ Mixed $\bigcirc$ Severe $\bigcirc$ Unknown $\bigcirc$ Unknown $\bigcirc$ Unknown					g Drizzie	Blowing Spi	ray 🗖 S	moke	
AmountTypeAmountTypeType (Check all that apply)Severity			-			Dust	<b>D</b> U	Inknown	
• None           • None           • None           • None           • Light             • Trace           • Rime           • Trace           • Rime           • Light             • Moderate           • O Mixed           • O Moderate           • Moderate           • Moderate           • Extreme				The second se				c •	
O Trace       O Rime       O Trace       O Rime       Image: Clear Air       Image							ll that apply)		
OModerate     OMixed       O Moderate     OModerate       O Severe     O Unknown       O Unknown     OUnknown				-					e
O Severe     O Unknown       O Unknown     O Severe       O Unknown									
OUnknown OUnknown							lurbulence	Extreme	
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:									
	NOTAMs (D and FDC). Al	IRMETs. SIGN	IETs. PIREPS	s in effect at	the time of th	ne accident/incid	lent:		
		, 0101					•		

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft	Dam
O None	

nage • Substantial **O** Destroyed O Minor

**Aircraft Fire** • None O In-Flight O Unknown O 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-Flight O Explosion at Unknown Time **O** Unknown

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

Wrinkled fuselage, prop strike, bent prop, belly damage from gear up landing, flaps, windshield, and minor damage to wings. Severe firewall damage.

## 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.

Took off at approximately 2:30pm for a demonstration flight for potential buyer. Flew around local area and performed auto pilot test and speed demonstration with cell phone video showing full fuel tank. At approximately 3:00pm performed 2 touch and goes on Runway 03 at AJZ and on 2nd takeoff engine failed at about 200 feet AGL. Switched fuel tanks, verified fuel pump was on, and aimed for the best landing area available. Chose area 200 feet off the end of runway 03.

Called FBO to inform of incident. Once back at FBO office, I called to report to NTSB and was given permission to remove aircraft from the end of the runway and store in hangar at FBO.

<b>RECOMMENDATION</b> (How could this	s accident/incident h	ave been prevente	d?)			
Operator/Owner Safety Recommendation						
Use fullest fuel tank						
MECHANICAL MALFUNCTION		-	l, continue on sepa	irate sheet)	Total Time/Cualog	
<b>Was there Mechanical Malfunction/Failu</b> (If yes, list the name of the part, manufacturer, pa					Total Time/Cycles On Part	
					Hours	3
					Cycles	es
					Time Since This Par Inspected/Overhaule	
					-	
					Hours	3
FUEL & SERVICES INFORMAT						
Fuel on Board at Last Takeoff	Fuel Type					_
(Convert from pounds, as necessary)	<b>O</b> 80/87	O 115/145	O Jet B	O Other, specify		
_75 Gallons	<ul> <li>100 Low Lead</li> <li>100/130</li> </ul>	O Jet A O Jet A-1	O JP8 O Automotive			
Other Services, if Any, Prior to Departur	e					
EVACUATION OF AIRCRAFT						
Was an emergency evacuation of the airc	raft performed?	🗹 Yes 🗖 N	0			
Method of Exit – Describe how the occupa	-					
Exited main door 2 occupants in front s	eats					
OTHER AIRCRAFT - COLLISIO	<b>DN</b> (If air or ground	collision occurred	, complete this sec	tion for other airc	raft)	
Aircraft Registration Number Manufac	turer:				amage to Other Aircraft	
					Destroyed Information Minor Substantial None	
Registered Owner of Other Aircraft		Pilo	t of Other Aircraft			
Name:		Nar	ne:			
City:		City	•			
L		Stat		L11		

## ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY	Y THAT THE ABOVE INF	ORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
Date of this Report	Name of Pilot/Operator:	Ronald G. Widner

12/15/2021       Signature:         mm/dd/yyyy       or         Check here to electronically sign this document								
If a Person Other tha	If a Person Other than Pilot/Operator is Filing Report							
Name: Title:								
Signature:								
or C	heck here to	electronically sign this document						
FOR NTSB USE ONLY								
NTSB Accident/Incid	lent No.	<b>Reviewed by NTSB Regional Office</b>	Name of Investigator	Date Report Received				
CEN22LA065	5	Central Region	T. Sorensen	15 December 2021				