PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
This form to be used for reporting civil and public aircraft accidents and incidents

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OAAIP <b>X</b> Annu		ditional Inspec nown	ction	ł	Manufacturer: Me CAULEY Manufacturer:								
•	ast Inspection:	12-19	-2021	Model: 1A 200 FM 9047				Model:					
mm/dd/yyyy EL				ELT In	stalled:	92Yes ○	No		Additio	-	ipment (	Check all that	apply)
	ne Total Time:		lhrs	If Yes: ELT Ma	nufactue	er: EB	_			rame Para	chute		
	rs measured at (S ast Inspection	,	ccident/Incident	Model or				AC			ck Indicato	r	
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Type of Maintenance Program (Select one)  ©C126 (406 MHz)					(406 MHz)						Handheld De	vice	
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	ition of Fire Ex	tinguishing	System	If not ac		_		•		Warning			
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C Open	··· <i>y ·</i>					Battery Exp		d/Damaged		, _ pooting			
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OWNER/OPERATOR INFORMA	ATION		e 1966 (1885 (1886 - 1886 - 1886	li riji iyo igo go		
Registered Aircraft Owner			City: Merini	NEY		
Name: DANNY AND PAT T	DOYLE		State: TX	ZIP: 75	<b>७१।</b>	
Fractional Ownership Aircraft: O Yes O	No		Country: U5/			
Operator of Aircraft Same As Re	gistered Owner		Same Address as Registe	ered Owner	**************************************	
Name:			City:			
Doing Business As:			State:	ZIP:		
Air Carrier/Operator Designator (4 Characte	er Code):		Country:			
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	ıder	Revenue Operation for (Select one for each group)		135	
None  ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	431 435	O Scheduled or Commute O Non-Scheduled or Air O Passenger O Cargo O Mail Contract Only			
□ Commercial Air Taxt (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation □ Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	OPublic Aircraft (Select one) OArmed Forces		Purpose of Flight for F (Select one)  Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	OFirefighting OFlight Test OGlider Tow OInstructional Oother Work Use Separation of the Personal OPositioning	<b>O</b> Unknown	
Revenue Sightseeing Flight	Air Medical Flight		O External Load O Ferry	O Skydiving		
OYes ONo	OYes (No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach	, landing, takeoff, depar	rture, or within 3 miles	of an airport)	
Airport Name: SQUARE			tance From Airport Cer			
Airport Identifier:		1	ection From Airport:			
Proximity to Airport: O Off Airport/Airstrip	•		p <b>or</b> t Elevation:			
Runway Information		Con	dition of Runway/Landi	ing Surface (Check all	that apply)	
Runway ID: 19/36 (L/R/C) Length: 17  Runway/Landing Surface (Check all that a Grass/Turf Maca Maca Maca Maca Maca Maca Maca Mac	pply) dam	D Ic	ry Snow oles Snow e Covered Snow	w-Compacted Www-Crusted Ww-Dry Ww-Wet Ww-Wet	ater-Calm ater-Choppy ater-Glassy	
Approach/Departure Segment (Select one)	)	<del>-</del>				
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument Appelure/Clearance Landing	pro <b>ach</b>	ODownwind OBase OFinal OCrosswind	OLow Approach OGo Around OAborted Landing (after	r touchdown)	
IFR Approach (Check all that apply)		VFR	Approach (Check all th	hat apply)	···	
None		□No	né			
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknown	☐Sti ☐Va ☐Go	affic Pattern raight-In alley/Terrain Following o Around ill Stop	☐ Stop and Go ☐ Touch and G ☐ Simulated Fe ☐ Forced Land ☐ Precautionary	orced Landing ing	

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"FLIGHT CREWMEMBER 1" INFORMATION "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident											
Melot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" was	<del> /</del>	Maryes □ N	0				***************************************				
"Flight Crewmember 1" Idea	_	,							4		
First Name: DA	ACC AM	<u> </u>						KINNEY			
Middle Initial: <u>C.</u>				S	State:	TK		ZIP: <u>75</u>	071		
Last Name: DOYL					Country:	υ≤	<u> </u>				
Age at time of	Accident/Inciden	ıt: <u>7 Ն</u>	Date of Bi	irth:		/23	m/dd/yyyy				
		Ce	ertificate Numb	ber:				<u></u>			
Degree of Injury	Seat Occupio	_		<b>I</b>	straint T	ype		<b> </b>	Inflatable I	Restraints	
O None O Fatal  Minor O Unknown	O Left O Right	Front O Rear	O Unknow	m.	Availabl	_	Used				
Serious	O Center	O Single			O None O Lap o		O None O Lap onl		M Not Ins ☐ Installe		
Pilot Certificate(s) (Check all	that apply)				O 3-poi		O <sup>3</sup> -point	-	Not De	pl <b>oy</b> ed	
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i		12	X4SIC	ME	-171	J4C	— F/	1A A	(IKKS)	ED	
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Date of Last Flight Review		Flight	Review Aircr	raft			- F/	1A A		ED_	
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or Equivalent, Including	5-14-202 mm/dd/yyyy	Flight	Review Aircr	raft ESSNA			- F/	1/A A	(MS)	<u>=</u>	
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	mm/dd/yyyy  Other Aircraft (Check all that ap	Flight Make: Model: Rating(s)	Review Aircr	raft ESSNA B2B nt Rating(s)		Instructo	r Rating(s)				
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or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy  Other Aircraft (Check all that app  The None Airship Balloon Glider Gyroplane	Flight Make: Model: Rating(s)	Review Aircr C5 Instrume (Check all M None Airplan Helicop	raft ESSNA B2 13 ent Rating(s) that apply) ne		Instructo (Check all ENone Airplan Airplan Gyropla	r Rating(s) that apply) e Single-Engi e Multi-Engin ne d Lift	ine C	Instrument Instrument Helicopter Glider Sport	Airplane	
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"FLIGHT CREWME	MBER 2" INFOR	MATIO	N PART OF	7890 NW			o jogi syl	rije rije	gar jegar ya	Committee of the
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" v	vas pilot flying Y	es 🗖 l	No							
"Flight Crewmember 2" l										
First Name:				(	City of Resi	dence:				
Middle Initial:				5	State:		Z	JP:		
Last Name:					_					
Age at time o	f Accident/Incident:		Date of Bi	rth:						
Dagran of Injury	Sont Odounied	Cen	incate Nume		etwaint Tu					
O None O Fatal O Minor O Unknown O Serious	O Minor O Unknown O Right \ ORear				Restraint Type  Available Used O None O None				Inflatable Restraints	
Pilot Certificate(s) (Check  None  Fligh Private  Recr Student Spor	t Instructor	percial Transpor Magineer			O Lap only O 3-point O 4-point O 5-point O Unknown O Lap only O 4-point O 5-point O Unknown O Unknown				☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	
Principal Occupation	Medical Certificate	$\overline{}$		M	edical Cert	ificate Va	lidity		Date of Las	t Medical
O Pilot O Other O Unknown	O None O Clas	er's Lic <mark>e</mark> ns	se (Sport Pilot	only)	Without lim With limitat Special Issu	itations/wai ions/wai <b>ve</b> r:	vers O U	inknown I/A	mm/dd/yyyy	
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Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)			ent Rating( 'that apply)		nstructor Check all th	Rating(s)			
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☐ Multiengine Sea	☐ Gyroplane		Lirowen	Car Line		Powered			Sport	
-	☐ Helicopter									
Type Ratings	☐ Powered Lift				-	Student Ri	ndorsement	ts (Include de	ntae)	
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Flight Time (Enter appropring number of hours in each box)	1	s Make Model	Airplane Single Engine	Airplane Multiengine	Night	Actual	rument Sîmulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)						<b></b>				
Time as Instructor										
This Make/Model	dis sidis didis pidzis .	Elle Ano.	Alie, Alien Alien	etavii. India.		<u> </u>			Ales Alia Al	is tällis sääti
Last 90 Days		_								
Last 30 Days						-	<u> </u>			
Last 24 Hours	<u> </u>					1		<u> </u>		

MADDINONALSIBLE	SHIECKEWME	MBERS (Excl	usive of cabin cr	ew, complet	e the followin	g information)	AND THE STATE	April 18 April 1800
Crew Name and Add	ress					Seat Occupio	edi	Injury
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Middle Initial:							O Rear O Single	O Minor O Serious
Last Name:	Last Name: Country:						OUnknown	O Fatal
								O Unknown
Pilot Certificate(s) (C	heck all that apply)					Restraint Ty Available	pe: Used	Inflatable
□None	Flight Instructo			Military		O None	O None	Restraints
☐ Private ☐ Student	Recreational	☐ Airline Ti ☐ Flight En	•	eign		O Lap Only		<ul><li>☐ Not Installed</li><li>☐ Installed</li></ul>
Student	Sport \	i riigit cii	gineer			O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endorse	ment for	Tot	al Flight Time a	t the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incident Air	rcraft? □\es	□ No of t	his Accident/Inc	ident:	hrs	O Unknown	_ Cinchowii	
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Crew Name and Addi	ress					Seat Occupio		Injury
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Middle Initial:	<del></del>	State:		ZIP:		- ORight	O Single	O Serious
Last Name:		Country:					nown	O Fatal
								O Unknown
Pilot Certificate(s) (C		\						Inflatable Restraints
□ None □ Private	☐ Flight Instructor ☐ Recreational	Comment		Military		O None	O None	☐ Not Installed
☐ Student	☐ Sport	☐ Flight En		cigii	)	O Lap Only O 3-point	O Lap Only O 3-point	Installed
T D.4:/FJ		10.4	-1 Tit 2.4 Tit	4.45 (Pt		O 4-point	O 4-point	<ul><li>☐ Not Deployed</li><li>☐ Deployed</li></ul>
Type Rating/Endorse Accident/Incident Air			al Flight Time a ns Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	☐ Unknown
PASSENGER(S)							~ 1	inter a Vivil angle intera
			de cabin ciew, c	ontinue on s	eparate snee	t if necessary)	Inflatable	
Name and Address		O(1111-L-3)(111010	Seat	Injury	eparate/snee Restraint T			Age
Name and Address			Seat	Injury	Restraint T	ype Used	Inflatable	
Name and Address  First Name:	City:		Seat OLeft	Injury	Restraint T	ype Used O None	Inflatable Restraints  Not Installed	
Name and Address  First Name:  Middle Initial:	City : State:	ZIP:	Seat OLeft OCenter ORight	Injury  None OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	ype Used O None Lap Only O 3-point	Inflatable Restraints  □ Not Installed □ Installed □ Not Deployed	Age ☐ Under 5 years
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Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:	City: State: Country: OPassenger  City: State:	ZIP:	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury  None OMinor O Serious O Fatal O Unknown  O None O Minor O Serious	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point	ype  Used ONone Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point	Inflatable Restraints  □ Not Installed □ Installed □ Not Deployed □ Deployed □ Unknown  □ Not Installed □ Installed □ Installed □ Not Deployed	Age  Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5,
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Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  OCrew	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: State: State: State: State: State:	ZIP: O Other  ZIP: O Other  ZIP:	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury  None OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown
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				`	☐ Dust	ים	Jn <b>known</b>	
Icing Forecast		Icing Actual			Turbulence			
Amount Type O None O N/A		Amount O None	Type ON/A		Type (Check at	I that apply)	Severity □Light	
O Trace O Rime		O Trace	O Rime		Clear Air		☐Moderate	
O Light O Clear		O Light	O Clear		☐ Terrain-Indu	ced	Severe	
O Moderate O Mixed		O Moderate	O Mixe		Convective ?	Turbulence	□ Extreme	
O Severe O Unknown	Wn	O Severe O Unknown	O Unkn	own				
NOTAMs (D and FDC),	AIRMETs, SIGN	IETs, PIREPs	in effect at	the time of th	ne accident/incid	lent:		

DAMAGE	TO AIRCRAFT	AND OTHER P	ROPERTY * * *		
Aircraft Dan O None O Minor	O Substantial O Substantial O Destroyed O Unknown	Aircraft Fire None O In-Flight 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)

DAMAGE TO NOSE, RIGHT WINE, LEFT WINE, AND

## 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.

- · EARLY MORNING FLIGHT WITH VERY GOOD WEATHER.
- · AIRWORK TO THE EAST OF COLLIN COUNTY.
  - · CONTACTED MCKINNEY CONTROL TOWER

    AS I ENTERED A LEFT TRAFFIC PATTERN

    FOR RIWAY 18 WITH CALM WINDS.
    - · ADDED ONE NOTCH OF FLARS AND TURNED BASE TO FINAL AT 80 MPH.
    - · FINAL TOO HIGH AND REPUCED AIRPREED TO LOSE AUTUDE.
    - · NEAR THE TOUCH DOWN AREA STALL HORN SOUNDED.
    - · THE AIRCRAFT PITCHED UP AND LEFT WING PROPPED AND LEFT WING HIT THE GROUND.
      - . PILOT ELROR I NEVER ADDED HOWER

Country:

State:

Country:

ZIP:

I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE BES	ST OF MY KNOWLEDGE					
Date of this Report  OR-21-2022  mm/dd/yyyy	Signature	Check here to electronically sign this							
If a Person Other tha	n Pilot/Ope	erator is Filing Report							
Name:			Title:						
Signature:									
- or □C	h <b>eck</b> here to	electronically sign this document							
	FOR NTSB USE ONLY								
NTSB Accident/Incident/CEN22LA325	dent No.	Reviewed by NTSB Regional Office DENVER, CO	Name of Investigator AGUILERA	Date Report Received 22 JUL 2022					

ADDITIONAL INFORMATION (Please type or print in ink)