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 336th 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/Title49/49cfr830_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.

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 cowling, 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.

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.

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.ntsb.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

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ZIP: Country: Transylvania	l O None				
Latitude: Longitude: Collision with Other Aircraft: O Midair Oon-groum AIRCRAFT INFORMATION Registration Number: 8905X IFR-Equipped and Certified Commercial Space Flight Unmanued Aircraft Vest Fee: O Kit/Plans Make: Cabin Craw Seats: Passenger Seats: 2 Passenger Seats: 3 Passenger Seats: 4 Flight Craw Seats: 2 Passenger Seats: 4 Flight Craw Seats: 2 Passenger Seats: 4 Passenger Seats: 4 Passenger Seats: 2 Passenger Seats: 4 Passenger Seats: 5 Passenger Seats: 6 Passenger Seats: 6 Passenger Seats: 6 Passenger Seats: 7 Pas	None				
Latitude:	None				
AIRCRAFT INFORMATION Registration Number: 8905X Manufacturer: Cessna	lbs				
Category of Aircraft Check all that apply	77.00				
Commercial Space Flight Unmanned Aircraft Unmanned Aircraft Unmanned Aircraft Unmanned Aircraft Unmanned Aircraft Unmanned Aircraft Veght at Time of Accident/Incident: 2125	77.00				
Maximum Gross Weight: 2650 Ibs	77.00				
Serial Number: 18253305 Weight at Time of Accident/Incident: 2125	77.00				
Vear of Manufacture: 1961	77.00				
Amateur-Built: OYes If Yes: O Kit/Plans Make: Cabin Crew Seats: Passenger Seats: 2					
Category of Aircraft O Airplane O Balloon O Gyroplane O Forwing Special Flight O Fowered Lift O Rocket O Ultralight O Ultralight O Ultralight O Unknown Certificate of Authorization or Waiver (COA) O Rocket O Unknown Certificate of Authorization or Waiver (COA) O Continuous Airworthiness O AIP O Conditional Inspection O Controllable O Controllable O Controllable O Controllable O Corrown Agency O Conditional Inspection Manufacturer: Manufacture					
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Engine Manufacturer Model/Series Manufacturer's Serial Number of Olive of Thrust (hours) Eng. 1 Continental 470L 49123 12-13-61 230 HP 4265 15 Eng. 2	Zinee•				
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Airframe Total Time: 4265 hrs hours measured at (Select one) OLast Inspection Time of Accident/Incident The Company of the co	Additional Equipment (Check all that apply) ADS-B Airframe Parachute Angle of Attack Indicator Autopilot				
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: Description of Fire Extinguishing System O None O Specify: Description of Fire Extinguishing System O Specify: Description of Fire Extinguishing System O Specify: Descri	rice				

OWNER/OPERATOR INFORMA	ITION		DI Maria
Registered Aircraft Owner		City: Asheville,	
Name: Bruce Greene		State: N.C. ZIP: 28	3804
Fractional Ownership Aircraft: O Yes O	No	Country: USA	
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner	-
Name:		City:	
Doing Business As:		State: ZIP:	
Air Carrier/Operator Designator (4 Character	er Code):	Country:	12
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Unc		
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	431 Non-Scheduled or Air Taxi O Into	mestic ernational
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only	u
☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) OArmed Forces	Purpose of Flight for FAR 91, 103, 133, (Select one)	
□ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Federal O State O Local O Unknown	O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Firefighting O Flight Test O Glider Tow O Instructional O Other Work Use	O Unknown
		O Executive/Corporate O Positioning O External Load O Skydiving	
Revenue Sightseeing Flight	Air Medical Flight	O Ferry	
OYes O No	O Yes O No		
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 r	niles of an airport)
Airport Name: Transylvania County		Distance From Airport Center: .25	sm
Airport Identifier: 3NR3		Direction From Airport: 180	degrees true
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: 21109/27	ft. msl
Runway Information		Condition of Runway/Landing Surface (Che	ck all that apply)
Runway ID: <u>9/27</u> (L/R/C) Length: <u>29</u>	03ft Width: 50ft		■ Water-Calm ■ Water-Choppy
Runway/Landing Surface (Check all that at a Asphalt Grass/Turf Maca Gravel Meta Snow	ndam Water 1/Wood	☐ Ice Covered ☐ Snow-Dry ☐ Rough ☐ Snow-Wet ☐ Rubber Deposits ☐ Soft	☐ Water-Choppy ☐ Water-Glassy ☐ Wet ☐ Unknown
Approach/Departure Segment (Select one,	,		
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	pedure/Clearance OC Instrument App	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing OCrosswind OUnknown	g (after touchdown)
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)	
None		☑None	
□ 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	☐ Go Around ☐ Forced	and Go ted Forced Landing Landing tionary Landing
5	State of the state	Description	

"FLIGHT CREWMEME	BER 1" INF	ORMATIC	ON							
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident O Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was	pilot flying	□Yes □ N	Vo							:
"Flight Crewmember 1" Iden	tification		Mittacher (1964) Ander (1964) A	The second secon		Market en distribuir alle i Market kalen September (1964) en de est				
First Name: Paul					City of Res	idence: A	sheville			
Middle Initial: B					State: N.C	•	2	CIP: 28804		
Last Name: Greene					Country: _			3 h 4 V		
Age at time of A	Accident/Incide	nt: 60	Date of B		Country		m/dd/yyyy			
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Degree of Injury	Seat Occup		ortificate rear		straint Ty	oe		1	Inflatable R	estraints
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Pilot Certificate(s) (Check all 1	hat apply)				O 3-point		O3-point		Not Dep	oloyed
□ None □ Flight Inst □ Private □ Recreation □ Student □ Sport	onal 🗖 4	Commercial Airline Transp Flight Enginee	Avenue		O 4-point O 5-point O Unkno		O 4-point O 5-point O Unknow	m	☐ Deploye	
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Medical Certificate Special Is Date of Last Flight Review	suance	Fligh	t Review Airc	eve ft						
or Equivalent, Including				rait						
FAR 121/135 Checks:	04/18/2018	200,000,000	Cessna							
	mm/dd/yyyy		ı; <u>182</u>			<u> </u>	5 ()			
Airplane Rating(s) (Check all that apply)	Other Aircraf (Check all that a			ent Rating(l that apply)	s)	(Check all	r Rating(s)			
□ None	□ None	PPOX	☑ None	тин нрруу		☑ None	нин ирріуу		Instrument	Airplane
☑ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift	Airship ☐ Airplane ☐ Airplane Single-Engine ☐ Instrument Heli Balloon ☐ Helicopter ☐ Airplane Multi-Engine ☐ Helicopter Glider ☐ Powered Lift ☐ Gyroplane ☐ Glider ☐ Gyroplane ☐ Powered Lift ☐ Sport ☐ Helicopter ☐ Powered Lift ☐ Sport					Helicopter			
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Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	294	294	294		72	2				
Pilot in Command (PIC)	240	240	240							
Time as Instructor										
This Make/Model										
Last 90 Days	14	14	14		4	1				
Last 30 Days	1	1	1		-					
Last 74 Hours	, 1			1	1			t .	1	1

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"Flight Crewmember 2" w	as pilot flying Yo	s 🗖 N	0		-	Seed				
"Flight Crewmember 2" Id	dentification									
First Name: NA	8		16	City	of Res	idence:				
Middle Initial:				Stat	e:			P:		
Last Name:										
Age at time of	f Accident/Incident:		Date of Birth:	Cou	1161 y 1 _	mm	/dd/vvvv			
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O Other O Unknown	O Class 1 O Driv O Class 2 O Unk		e (Sport Pilot only)		th limita ecial Issi	tions/waivers lance	O N	Α	mm/dd/yy	 vy
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Medical Certificate Specia	l Issuance									
Date of Last Flight Review or Equivalent, Including	7	Flight R	Review Aircraft							
FAR 121/135 Checks:	**************************************	ı						***************************************		
	mm/dd/yyyy	Model: _								
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)		Instrument Ra			Instructor				
□ None	None		Check all that a	өріу)		(Check all th ☐ None	at apply)	П	Instrument A	irnlane
☐ Single-Engine Land	☐ Airship		☐ Airplane			☐ Airplane	Single-Engin	e 🗖	Instrument H	
☐ Single-Engine Sea☐ Multiengine Land	☐ Balloon ☐ Glider		Helicopter Powered Lift			☐ Airplane ☐ Gyroplan			Helicopter Glider	
Multiengine Sea	Gyroplane		L Powered Ent			Powered			Sport	,
***	☐ Helicopter ☐ Powered Lift									
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2										
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Pilot in Command (PIC)	-				7					
Time as Instructor										
This Make/Model	31						2)			
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Last 30 Days										
Last 24 Hours	and a second common of the second					THE RESERVE OF THE PROPERTY OF		CONTRACTOR OF STREET,		The second secon

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Add	ress				140		Seat Occupie	d	Injury
(O Left O Center	O Front O Rear	O None O Minor
Middle Initial:					ZIP:		O Right	O Single O Unknown	O Serious O Fatal
Last Name:	Last Name: Country:							Conknown	O Unknown
Pilot Certificate(s) (6	Check all that apply)						Restraint Typ Available	e; Used	Inflatable
□ None □ Private	Flight Instructor		nmercial ine Transp		Military		O None	ONone	Restraints Not Installed
Student	Recreational Sport		ht Enginee		çığıı		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed
Type Rating/Endorse	ement for		Total Fl	ight Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident Ai		1		-	dent:	hrs	O Unknown	O Unknown	☐ Unknown
Crew Name and Add	ress						Seat Occupie		Injury
							OLeft OCenter	O Front O Rear	O None O Minor
Middle Initial:					ZIP:		ORight	O Single O Unknown	O Serious O Fatal
Last Name:	-	Coun	ıtry:					Q emmenn	O Unknown
Pilot Certificate(s) (6	Check all that apply)						Restraint Typ Available	De: Used	Inflatable
☐ None ☐ Private	☐ Flight Instructor☐ Recreational	times constraint	nmercial ine Transp	□ US ort □ For	~		O None	O None	Restraints Not Installed
☐ Private ☐ Student	Sport	SESSIONS.	ine Transp ht Enginee	ALLOND.	eign		O Lap Only O 3-point	O Lap Only O 3-point	Installed
Type Rating/Endors	ement for	1	Total Fl	light Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	☐ Not Deployed ☐ Deployed
Accident/Incident Air		□No			dent:	hrs	O Unknown	O Unknown	Unknown
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
PASSENGER(S)	OTHER PERSO	ONNEL (I	nclude c	abin crew; c	ontinue on s	eparate shee	t if necessary)		1
PASSENGER(S) / Name and Address	OTHER PERSO	ONNEL (I	nclude c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
Name and Address				Seat	Injury	Restraint T	'ype Used	Restraints	
BEECH WEESTON DICEMBER BEIONNOOTH CHEESTON WIS CONTRACTOR WITH CONTRACTOR WITH CHEESTON WITH CHEESTO	City:			en anciente de la Statut de la Section de la companya de la Constantina de la companya de la companya de la co	Injury ONone OMinor	Restraint T Available O None O Lap Only	'ype Used	Restraints	
Name and Address First Name: NA	City : State:	ZIP;		Seat OLeft OCenter ORight	O None O Minor O Serious	Restraint T Available O None O Lap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Restraints	
Name and Address First Name: NA Middle Initial:	City : State:	ZIP;		Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point O 4-point O 5-point	A A A A A A A A A A A A A A A A A A A	
Name and Address First Name: NA Middle Initial: Last Name:	City : State: Country: OPassenger	ZIP:	her	Seat OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available 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	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: NA Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City :	ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O None O Minor	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	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years
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Name and Address First Name: NA Middle Initial: Last Name: Crew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP;	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor 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	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 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployee	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years
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Name and Address First Name: NA Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City:	ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	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 O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O Unknown Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point O 4-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 5-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Deployed Unknown Not Deployed Unknown Not Installed Installed Installed Not Deployed Deployed 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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FLIGHT ITINERARY I	NFORMATION	V						
Last Departure Point	Tim	e of Departure	Destination	on		Type Fligh	t Plan Filed	C. C
Airport ID: 3NR3	TE:	: 6:00 P.M.	Airport ID:	AVL		None	O VFR	
City: Brevard	1 line	9.99 P.IVI.	City: Ash	eville		O Company O Military	VFR O IFR	
State: N.C.	Time	Zone: EDT	State: N.C			O VFR	VPR O OIR	iowii
Country: Transylvania			Country: B	uncombe		Activated?	OYes ONe	O Unknown
Type of ATC Clearance/Serv	vice (Check all that a	apply)						
□ VFR □	Special VFR IFR	□ VFI	cial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA	Ą
☐ Class B ☐ ☐ Class C ☐ ☐ Class D ☐ ☐ Class E ☐	Class G Demo Area Warning Area Prohibited Area Restricted Area	☐ Mili ☐ Airp ☐ Jet ² ☐ TRS ☐ FAI	tary Operations oort Advisory A Fraining Area SA & 93	rea	□Special □Air Traffic Cont □Unknown	rol Area	Altitude of In- Occurrence: 2110	-Flight
WEATHER INFORMA	mental and the second control of the second	ACCIDENT	MCIDEN				<u> </u>	
Source of Pilot Weather Info (Check all that apply)	ormation				servation Facility	Ţ.		
□ National Weather Service	□ Com	nanv		Facility ID: A				
☐ Flight Service Station	☐ Milit	ary	a a		me: <u>5:30P.M.</u>	*		
☐ TV/Radio ☑ Automated Report	☐ Interi ☐ None			Time Zone: <u>E</u>				
Commercial Weather Service			¥		Accident Site: 15		nm	~
On-Board Weather				Direction from	Accident Site: 150		_ degrees true	
Basic Conditions		Light Conditi		0 D 1	N. 1. O.V.	1		
O VMC O IMC		ODawn ODay	ODusk ONight		c Night OUr ht Night	known		
OUnknown		G eal	O 141Bill	98116	1.19.11t			2
Sky/Lowest Cloud Condition	1	Ceiling			Temperature:		(C) or 56	(F)
	Thin Broken	None (Clear)		Obscured	1			
	Thin Overcast Unknown			Unknown				
O Scattered	·	e o resease	•	e mmre vi n	Altimeter Sett			
Lowest Cloud Condition He	9	Ceiling Heigh	t			or	MB	
	ft agl	-		ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
☐ Variable	☐ Calm		☑ Not Gustir	ng	BVD			7.0
	☐ Light and Varia	ble	ne catal		1		the state of the s	
Direction: 210 degrees true	Speed: 5	kts	-or- Speed:	kts		;	-	
Intensity of Precipitation	Type of Precipita		*		Density Altitu		ft	1
O Light	None	Drizzle	aa appiy) Freezin	a Rain	None	visibility (C	heck all that apply,	'
OModerate	Rain Rain	Ice Pellets	☐ Snow S	hower	☐ Blowing Du	ıst 🗖 🤇	Ground Fog	
OHeavy	Snow	Snow Pellet			☐ Blowing Sa☐ Blowing Sn		łaze ce Fog	
● N/A ● Unknown	☐ Hail ☐ Rain Showers	☐ Snow Grain ☐ Ice Crystals	Freezin	g Drizzie	☐ Blowing Sp	C VI	ee rog Smoke	
- O LAMANOVILL	Terri Dilonois	100 013 01110			☐ Dust	<u> </u>	Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type None O N/A	8	Amount O None	Type O N/A		Type (Check a	ll that apply)	Severity Light	
O Trace O Rime		O Trace	O Rime		Clear Air		■Moderate	
O Light O Clear O Moderate O Mixed		O Light O Moderate	O Clear O Mixe		☐ Terrain-Indu		☐ Severe ☐ Extreme	
O Moderate O Mixed O Severe O Unknow	'n	O Severe	O Unkr		Convective	Turbulence	L Extreme	
OUnknown	no.	OUnknown						
NOTAMs (D and FDC), A	IRMETs, SIGN	IETs, PIREPS	in effect at	the time of tl	he accident/inci	dent:		
	5							
Account of the Control of the Contro								

DAMAGE	TO AIRCRAFT A	ND OTHER PR	OPERTY					
Aircraft Dan O None O Minor		Aircraft Fire O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown			
Description of	Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)							
Wings and s	tabilizer bent. Front ti	re torn off. Propello	r bent.					
					Ž.			
MADDATIV	E HISTORY OF FL	ICUT O						
	E HISTORY OF FL		or print in ink) ng circumstances leading to and nat	are of accident/incide	ent Describe terrain and include			
wreckage dis		nent. Attach extra shee	ets if needed. State departure time an					
notebook, wa	allet, cell phone, and d	checkbook. I did a p	ersonal items in the plane. (Jack preflight inspection of the plane, th room, and told the man on duty, (J	en entered the plane	and started the engine. I left			
went through up. I called of acceleration, the left side of friend who ha	n my checklist, then can the CTAF that I was , as I was applying rig of the runway, into a d ad dropped me off at t	alled out on the CTA is taking off on 27, ar ht pedal, the seat lai litch, and flipped. W the airport ran to the	my seat, rocked back and forth to F that I was taxiing for takeoff on no would be departing to the north toh appeared to turn loose, and the I/hen the plane stopped, I tried to for plane to help me out. We made the area off. I gave a statement	27. I taxied to the tu . I accelerated, and e seat slid backward ind the master switch a few trips to the pla	rnaround area, and did a run 4-5 seconds (?) into the s. The plane then went off n, to turn off the power. The ne to try to get my belongings			
В								
					~			
1								
P								

RECOMMENDATION (How	could this a	ccident/incident ha	ave been pre	vented?)				
Operator/Owner Safety Recommo	endation							
Stayed at home. :) I really dor replaced previously, but that is			uld've been	prevented	I. My thought is	s that the seat rail	should hav	e been
rate to the contract of the contract of								
								No.
								2
MECHANICAL MALFUN	CTION/F	AILURE (If mor	re space is n	eeded, co	ntinue on separa	ate sheet)		
Was there Mechanical Malfunc (If yes, list the name of the part, manu-				re.)			Total Tim On Part	e/Cycles
Seat rail latch came loose.								Hours
								Cycles
								te This Part
							Inspecteur	/Overhauled
							-	Hours
FUEL & SERVICES INF	ORMATI	NC						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		○ 80/87 ○ 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	O Other, specify		
~50 gallons	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT							
		oft nowformed?	☐ Yes	□ No				Control of the Contro
Was an emergency evacuation of Method of Exit – Describe how				and the second	d anch lagation			
I climbed out through the pilot	_		апу оссирані	s evacuate	u each location			
i cililibed out trilough the pilot	Side Willido	Ψ¥.						
OTHER AIRCRAFT - C	DLLISIO	(If air or ground	collision occ	curred, cor	nplete this sect		THE RESERVE THE PROPERTY OF THE PARTY OF THE	
Aircraft Registration Number	Manufactu	ırer:					nage to Othe	AND THE REAL PROPERTY OF THE P
	Model:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				Destroyed Substantial	☐ Minor ☐ None
Registered Owner of Other Air	craft			Pilot of	Other Aircraft	1		
Name:				Name:				
City:				City:				
State: ZIP:				State:		ZIP:		
Country,				Country.				

Use this space if additional spa-	ION (Please type or print in ink) ee is needed for any answers.		
			,
	THE A DOVE IN COMMENT OF THE COMME		
	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE I	BEST OF MY KNOWLEDGE
te of this Report Name o	Pilot/Operator: Paul Bruce Greene		*
04/04/2019 Signatu	re:		
mm/dd/yyyy - or -	Check here to electronically sign this	document	
Person Other than Pilot/O	nerator is Filing Report	· · · · · · · · · · · · · · · · · · ·	
		m.	
- or - ☐ Check here	to electronically sign this document		
en green al out and the statement	FOR NTSB	USE ONLY	
TSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Receive
RA19LA131	ERA - VA	H. Kemner	4/8/19