NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Accident/Incident Location Nearest City/Place: HAKKINSVIIIe									
In a me Harling 1'lle		_	Ac	cident/Incid	ent Date/T	ime			
Nearest City/Place: MINKINDVIIIE		State GA	Dat	e: 09/0	3/202	O Loc	al Time:		
ZIP: 31036 Country: 4.5	. A .		_	mm/dd	יניניני		-		
Latitude: Longi	gitude:					lin	ne Zone: _		
(Enter in decimal degrees or degrees.	s:minutes:seconds)		Co	llision with (Other Airc	raft: O	Midair	OOn-ground	i None
AIRCRAFT INFORMATION									
Registration Number: <u>N30529</u> Manufacturer: <u>HSO- Hhry</u>				□ IFR-Equip □ Commercia □ Unmanned	l Space Flig				
Model:			M	aximum Gr	oss Weight	:		lbs	
Serial Number:				eight at Tim					lbs
Year of Manufacture: 2012				ımber of Sea					
Amateur-Built: OYes If Yes: OKit/Plans Make:				bin Crew Seat					
Consideration to the contract of the contract	ginal Design			ımber of En				S	
	rthiness Certificate (pply) Special Restricted Limited Provisional Special Flight Experimental Special Light-Spot Experimental Light-Authorization or Waiver	rt DI-Sport (COA)	nding Gear heck all that ap Retr Tricycle Amphibian Emergency Fl Float Hull Other Launch	actable Ta H oat Sk Sk Sk Kecovery Sys	ti ti/Wheel tem nknown	O Recip O Turb O Turb O Turb O Elect Fuel Sys	o Prop o Jet o Fan ric stem Type uretor	O Liqui O Solid	d Rocket own
	gine del/Series	Manufactur Serial Numl		Date of Mfg. nnn dd yyyy	O Horsep O lbs of	ower or	Total Time (hours)	Time Inspection (hours)	
Eng. 1									
Eng. 2 Eng. 3									
Eng. 4									
Last Inspection Type O100-Hour OContinuous Airworthines OAAIP OConditional Inspection			OFixed Pitch OControllabl OGround Ad	e Pitch justable		eller 2	0	Fixed Pitch Controllable I Ground Adjus	stable
O Annual O Unknown Date Last Inspection:	Model:				Mode	d:			
mm/dd/yyyy Airframe Total Time: hours measured at (Select one) OLast Inspection OTime of Acciden Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP O Continuous Airworthiness O Other, specify: Description of Fire Extinguishing Syste O None O Specify:	hrs If Yes: ELT Ma Model or TSO No.: Was ELT Was ELT Jf activa Did ELT	OC126 (406) If still mounted If still connects Activate? Activated: Aid in Locativated: Reason:	5 MHz) OC9 6 MHz) d in aircraft?	OYes ONo OYes ONo OYes ONo	AD. Airt Ang Aut Dat Elec Elec Han Hea Sate Stal Vid	S-B frame Paragle of Atta- opilot a Recorde etronic Plig- etronic Pright- dheld GP- dds Up Dis- sourd Wea- ellite Tracl I Warning	chute ck Indicate r ght Bag or altifunction mary Fligh S play ther king Device System ing Device	Handheld De Display at Display	

OWNER/OPERATOR INFORMA	TION	3.2. 美国国际国际公司 医二氏性肾盂炎炎			
Registered Aircraft Owner		City:			
Name:					
Fractional Ownership Aircraft: O Yes O	No	Country:	The state of the s		
Operator of Aircraft Same As Res		Same Address as Registered Owner City: Zhip L			
Doing Business As:		State: 6.A ZIP:	31077		
Air Carrier/Operator Designator (4 Characte	er Code):	Country:U. §.			
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un-	der Revenue Operation for FAR 121, 125, (Select one for each group)	129, 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)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	431 O Non-Scheduled or Air Taxi O In	omestic sternational		
□ On-Demand Air Taxi (FAR 135) □ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, (Select one) Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Air Race/Show O Business O Personal O Positioning	g OUnknown y al k Use		
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving			
OYes O No	O Yes O No	O'Call)			
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3	miles of an airport)		
Airport Name:		Distance From Airport Center:	300071134111105050		
Proximity to Airport: O Off Airport/Airstri	n OOn Airport/Airstrin ON/A	Direction From Airport:			
Consultation of the contract o	O O O O O O O O O O O O O O O O O O O	Airport Elevation:	ft. msl		
Runway Information Runway ID:(L/R/C) Length:	rpply) rdam	☐ Holes ☐ Snow-Crusted ☐ Ice Covered ☐ Snow-Dry	eck all that apply) Water-Calm Water-Choppy Water-Glassy Wet		
Approach/Departure Segment (Select one)					
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Appointment App	OBase OGo Around	ig (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 ☐ Force	and Go ated Forced Landing d Landing utionary Landing		

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Flight Crewmember 1" Resp			cident/Incident	Pilot OFligh	t Engineer OO	ther Flight Crew		
Flight Crewmember 1" was	pilot flying DY	es DNo			-13- - 1-5-5	-		
Flight Crewmember 1" Ider								
First Name: JARE /		b)			sidence:			
Middle Initial:				State:		ZIP:		
Last Name:						(1000)		
Age at time of	Accident/Incident:							
The art have						,,		
Degree of Injury	Seat Occupied	Cent	ficate Number: _	Restraint T				
O None O Facal	1) Front	O Unknown				Inflatable R	estra ints
Minor Q Uaknown	O Right C	O Rear	O CILLADAII	Available Nonc	ON		Not installed	
Pilot Certificate(s) (Check uil				OLap o		ap only point	Not Dep	loyed
☐ None ☐ Flight Le ☐ Private ☐ Recreati ☐ Student ☐ Sport	astructor Corn	mercial ine Transport ht Engineer	US Military Foreign	O 4-poi O 5-poi O Unica	nt 04- nt 05-	point point nksown	Deploye Unknow	d
Principal Occupation N	ledical Certificate			Medical Cer	tificate Validity		Date of Las	Medical
Pilot	None OCIa			O Without lin	nitations/waivers	O Unknown	588 - 58	
	Class 1 O Dri	iver's License	(Sport Pilot only)	O With limits	DONE WEIVER	O N/A	mmlddlyy	
O Unknown 6 Medical Certificate Limitati		known		O Special Iss	uance		нарашуу	"
Medical Certificate Special I	asmance				· · · · · · · · · · · · · · · · · · ·			
Date of Last Flight Review			leview Aircraft					
Date of Last Flight Review			eview Aircraft					
Date of Last Flight Review	05/14/2020	Make:	Piper	31 Na	19) o Che	Hum		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	05/14 2000	Make: Medel:	Piper NA:		-			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplanc Rating(s) (Check all that opply)	05/14/2020	Make: Medel: ating(s)	Piper	ating(s)	Instructor Rati	ing(s)		
Date of Last Flight Review or Equivalent, Including FAR 121/835 Checks: Airplane Rating(n) (Check all that opply)	o 5 / / 2000 can/dd/yyyy Other Aircraft R: (Check all that apply	Make: Medel: ating(s)	Instrument B. (Check all shat a	ating(s)	Instructor Rati (Check all that ap	ing(s)	☐ Instrument	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Chocks: Airplane Rating(n) (Check all that apply) None Single-Engine Land	OS //4 2000 man/ddyyyyy Other Aircraft Ra (Check all that apply	Make: Medel: ating(s)	Instrument B (Check all that a	ating(s)	Instructor Rati (Check all that ap. None	ing(x) ply) e-Engine	Instrument	
Date of Last Flight Review or Equivalent, Including FAR 121/335 Chocks: Airplanc Rating(s) (Check all that opply) None Single-Engine Land Single-Engine Land Multiengine Land	o 5 / / 2000 can/dd/yyyy Other Aircraft R: (Check all that apply	Make: Medel: ating(s)	Instrument R (Check all that a None B Airpiane Helicopter	ating(s)	Instructor Rati (Check all that ap, None Airplane Singl	ing(x) ply) e-Engine	☐ Instrument :	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(n) (Check all that apply) None Single-Engine Land Single-Engine Sea	os // 2000 can/dd/yyyy Other Aircraft R: (Check all that apply None Airship Balloon Glider Gyroplane	Make: Medel: ating(s)	Instrument B (Check all that a	ating(s)	Instructor Rati (Check all that ap. None	ing(x) ply) e-Engine	Instrument	
Date of Last Flight Review or Equivalent, Including FAR 121/335 Chocks: Airplanc Rating(s) (Check all that opply) None Single-Engine Land Single-Engine Land Multiengine Land	OS//U 2000 nem/dd/yyyy Other Aircraft R: (Ciseck all ikas apply None Airship Ballood Glider Gyroplane Helicopter	Make: Medel: ating(s)	Instrument R (Check all that a None B Airpiane Helicopter	ating(s)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane	ing(x) ply) e-Engine	☐ Instrument : ☐ Helicoptes ☐ Glider	
Date of Last Flight Review or Equivalent, Including FAR 121/335 Chocks: Airplanc Rating(s) (Check all that opply) None Single-Engine Land Single-Engine Land Multiengine Land	os // 2000 can/dd/yyyy Other Aircraft R: (Check all that apply None Airship Balloon Glider Gyroplane	Make: Medel: ating(s)	Instrument R (Check all that a None B Airpiane Helicopter	ating(s)	Instructor Rati (Check all that ap, None Airplane Singl Airplane Multi Gyroplane Powered Lift	ing(s) phy le-Engine i-Engine	☐ Instrument ☐ Helicopter☐ Glider☐ Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/835 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	OS//U 2000 nem/dd/yyyy Other Aircraft R: (Ciseck all ikas apply None Airship Ballood Glider Gyroplane Helicopter	Make: Medel: ating(s)	Instrument R (Check all that a None B Airpiane Helicopter	ating(s)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane	ing(s) phy le-Engine i-Engine	☐ Instrument ☐ Helicopter☐ Glider☐ Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/835 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	OS//U 2000 nem/dd/yyyy Other Aircraft R: (Ciseck all ikas apply None Airship Ballood Glider Gyroplane Helicopter	Make: Medel: ating(s)	Instrument R (Check all that a None B Airpiane Helicopter	ating(s)	Instructor Rati (Check all that ap, None Airplane Singl Airplane Multi Gyroplane Powered Lift	ing(s) phy le-Engine i-Engine	☐ Instrument ☐ Helicopter☐ Glider☐ Sport	
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(n) (Check all that opply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings	OS//U 2000 nem/dd/yyyy Other Aireraft R: (Check all that apply None Airship Ballood Glider Gyroplane Helicopter Powered Lift All Th	Make: Model:_ ating(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Airplane	ating(s)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane Powered Lift Student Endon	ing(s) ply) le-Engine i-Engine ectnests (lachu	Instrument Helicoptes Glider Sport	Lighter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(n) (Check all that opply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box)	OS//U 2000 nem/dd/yyyy Other Aireraft R: (Check all that apply None Airship Ballood Glider Gyroplane Helicopter Powered Lift All Th	Make:Model:ating(s)	Instrument R (Check all that a None None Airpiane Powered Lift Airpiane Airpiane Airpiane Airpiane	ating(s) pply)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane Powered Lift Student Endon	ing(s) ply) le-Engine i-Engine sements (factua	Instrument Helicoptes Glider Sport	Lighter
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	OS//U 2000 nem/dd/yyyy Other Aireraft R: (Check all that apply None Airship Ballood Glider Gyroplane Helicopter Powered Lift All Th	Make:Model:ating(s)	Instrument R (Check all that a None None Airpiane Powered Lift Airpiane Airpiane Airpiane Airpiane	ating(s) pply)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane Powered Lift Student Endon	ing(s) ply) le-Engine i-Engine sements (factua	Instrument Helicoptes Glider Sport	Lighter
Date of Last Flight Review or Equivalent, Including FAR 121/835 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	OS//U 2000 nem/dd/yyyy Other Aireraft R: (Check all that apply None Airship Ballood Glider Gyroplane Helicopter Powered Lift All Th	Make:Model:ating(s)	Instrument R (Check all that a None None Airpiane Powered Lift Airpiane Airpiane Airpiane Airpiane	ating(s) pply)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane Powered Lift Student Endon	ing(s) ply) le-Engine i-Engine sements (factua	Instrument Helicoptes Glider Sport	Liphur
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	OS//U 2000 nem/dd/yyyy Other Aireraft R: (Check all that apply None Airship Ballood Glider Gyroplane Helicopter Powered Lift All Th	Make:Model:ating(s)	Instrument R (Check all that a None None Airpiane Powered Lift Airpiane Airpiane Airpiane Airpiane	ating(s) pply)	Instructor Rati (Check all that ap. None Airplane Singl Airplane Multi Gyroplane Powered Lift Student Endon	ing(s) ply) le-Engine i-Engine sements (factua	Instrument Helicoptes Glider Sport	Helicapter

"FLIGHT CREWMEME	BER 2" INFOR	MATIO	N							
"Flight Crewmember 2" Res	ponsibilities at the	Time of A	ccident/Incid	lent						
		Flight Inst	tructor OC	heek Pilot	OFlig	sht Engineer	OOther F	light Crew		
"Flight Crewmember 2" was	pilot flying Ye	s \square N	0							
"Flight Crewmember 2" Ide	ntification									
First Name:				_ Ci	ity of Re	sidence:				
Middle Initial:										
Last Name:										
	ccident/Incident:									
			ficate Numbe				****			
Degree of Injury	Seat Occupied				traint T	vpe			Inflatable R	estraints
O None O Fatal O Minor O Unknown O Scrious	ORight C	Front Rear Single	O Unknown		Availab O None O Lap	le	O None O Lap only		□ Not Inst	alled
Pilot Certificate(s) (Check all	that apply)				O 3-po		O 3-point		□ Not Dep	
☐ None ☐ Flight Ir ☐ Private ☐ Recreati ☐ Student ☐ Sport		e Transport	US Milit	tary	O 4-po O 5-po O Unki	int	O 4-point O 5-point O Unknow	m	□ Deploye □ Unknow	
Principal Occupation N	ledical Certificate			Med	dical Ce	rtificate Val	idity		Date of Las	t Medical
O	None O Clas					mitations/waiv		nknown		
	Class 1 O Driv		e (Sport Pilot o		Vith limit special Is:	ations/waivers	ON	/A	mm/dd/yv	vv
Medical Certificate Limitati										
Date of Last Flight Review		Flight I	Review Aircr	aft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	the state of the								
Airplane Rating(s)	Other Aircraft Ra	ting(s)	Instrumer	nt Rating(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all t	hat apply)		(Check all th	at apply)			
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		□ None □ Airplane □ Helicopl □ Powerec	ter		☐ None ☐ Airplane ☐ Airplane ☐ Gyroplan ☐ Powered	Multi-Engine e	ie	Instrument A Instrument H Helicopter Glider Sport	
Type Ratings			-			Student Er	dorsemen	s (Include d	lates)	
	1		Airplane							
Flight Time (Enter appropriate number of hours in each box)		Make Model	Single Engine	Airplane Multiengine	Nigh		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			Linguit		7.1.64	Actual	Similareu	ROIOICIAIR	Cince	Than All
Pilot in Command (PIC)					1				<u> </u>	
Time as Instructor										
This Make/Model		OFF HIT						Charlet and		企图
Last 90 Days				UNUDAY STERNAL CO					The state of the s	NAME OF TAXABLE PARTY.
Last 30 Days										
Last 24 Hours										

	PITT OTTE TO THE	BEKS (Exclusive	o or capill cre	on, complete	the followin	g information)		
Crew Name and Addi	ress						Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		State	:	nce: 2	CIP:		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 Air	☐ Flight Instructor ☐ Recreational ☐ Sport ment for	□ Airli □ Fligt		ort DFor	the Time	hrs	Restraint Tyj Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None Lap Only 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Add	ress			i stante eser Proposition			Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		State		nce:	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) (Check all that apply) None						Restraint Type: Available Used O None O None O Lap Only O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown O Unknown		Inflatable Restraints Not Installed Installed Deployed Deployed Unknown	
PASSENGER(S) /	OTHER PERSO	NNEL (nclude c	ahin crow c			t if nococcond		
1				Town, c	onunue on s	eparate snee	t ii necessary)	CONTRACTOR OF THE PARTY OF THE	
Name and Address				Seat	Injury	Restraint T		Inflatable Restraints	Age
Name and Address First Name: Middle Initial: Last Name: OCrew	State:	ZIP;	_					1988	☐ Under 5 years
First Name: Middle Initial: Last Name:	State:Country:OPassenger	ZIP:	her	OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not 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
First Name:	City: Country: OPassenger City: State: Country: OPassenger City: State: State:	ZIP:OOth	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O5-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 4-point O 5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Deployed	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

FLIGHT ITINERARY	INFORMATION	V						
Last Departure Point		e of Departure	Destination	on		Type Fligh	nt Plan Filed	
Airport ID:			0.000.000000000000000000000000000000000			O None	O VFR/IFR	
	Time					O Company	y VFR O IFR	
City:		Zone:				O Military	VFR O Unknown	
State:	- 1	Zone,				O VFR	a a a	
Country:			Country: _			Activated?	OYes ONo OUnknown	
Type of ATC Clearance/S		Table Alle			V220			
	☐ Special VFR ☐ IFR		cial IFR R On Top		☐ VFR Flight Follo		☐ Cruise ☐ Unknown / NA	
Airspace where the accide Class A Class B Class C Class D Class E	☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Mili ☐ Airp ☐ Jet 1 ☐ TRS ☐ FAF	itary Operations port Advisory A Fraining Area SA R 93	rea	Special Air Traffic Conti	rol Area	Altitude of In-Flight Occurrence:	
WEATHER INFORM		ACCIDEN	MINCIDEN					
Source of Pilot Weather I (Check all that apply)	niormation			EUROSE CARACTERISTICS	bservation Facility			
☐ National Weather Service	☐ Com	pany						
☐ Flight Service Station	☐ Milit			Observation 1	Time:			
TV/Radio	☐ Inter			8.5				
☐ Automated Report ☐ Commercial Weather Serv	ice (DUATS) Unk				Accident Site:			
On-Board Weather	(Direction from	n Accident Site:		degrees true	
Basic Conditions		Light Conditi	ion					
OVMC		ODawn	ODusk	ODa	rk Night OU	nknown		
OIMC		ODay	ONight	OBri	ght Night			
OUnknown								
Sky/Lowest Cloud Condi	tion	Ceiling			Temperature:		(C) or(F)	
O Clear	O Thin Broken	O None (Clear)		Obscured Dew Point		-	C) or (F)	
O Few O Partial Obscuration	O Thin Overcast O Unknown	O Broken O Overcast	1300	Indefinite Unknown				
O Scattered	Olikhown	Overcast	O	Challown	Altimeter Sett	neter Setting: in Hg		
Lowest Cloud Condition	Height	Ceiling Heigh	it			or	MB	
	0 1			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility			
			7020000070000000000000000000					
☐ Variable	Calm Light and Varia	able	☐ Not Gusti	ng	RVR		feet	
-or-	-or-	abic	-or-		RVV	/;	miles	
Direction:degrees tr		kts	Speed:	kts	Density Altitu			
Intensity of Precipitation	Type of Precipit	ation (Check all)	that apply)				Check all that apply)	
OLight	□ None		☐ Freezin	ng Rain	☐ None	•	Fog	
O Moderate	Rain	☐ Ice Pellets	☐ Snow S		☐ Blowing D	ust 🔲	Ground Fog	
OHeavy	Snow	Snow Peller		lets Shower	☐ Blowing Sa		Haze	
ON/A OUnknown	☐ Hail ☐ Rain Showers	☐ Snow Grain ☐ Ice Crystals		ng Drizzie	☐ Blowing St	oray D	Ice Fog Smoke	
- Olikilowii	- Rain Showers	- ice Crystais			Dust		Unknown	
leing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check o	ill that apply)	Severity	
O None O N/A		O None	ON/A		None		Light	
O Trace O Rim O Light O Clea		O Trace O Light	O Rimo O Clea		Clear Air	uced	☐Moderate ☐Severe	
O Moderate O Mix		O Moderate	O Mixe		Convective		□Extreme	
O Severe O Unk		O Severe	O Unk				and a constitution	
OUnknown		OUnknown						
NOTAMs (D and FDC	, AIRMETS, SIGN	METS, PIREP	s in effect at	the time of	the accident/inci	dent:		
	eero oo taa aa	and the second section of the		e yeur samenen en en faller	anvidenting of the state of	Ox-252 04		

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 NE OPWATION Accident/Incident Date/Time Accident/Incident Location Nearest City/Place: HAWKINSVILLE Date: Sept 3 2020 State GA Local Time: mm/dd/yyyy 21P. 31036 Country: 4.5.A. Time Zone: Kastern Longitude: Collision with Other Aircraft: O Midair OOn-ground None (Enter in decimal degrees or degrees:minutes:suconds) RIRCHARDINECRMATION Registration Number: N30529 TFR-Equipped and Certified Commercial Space Flight Manufacturer: Thrush direraft Unmanned Aircraft Model: Sar-H80 Maximum Gross Weight: 10500 Serial Number: H80 - 108 Weight at Time of Accident/Incident: Year of Manufacture: 2012 Number of Seats: Flight Crew South: If Yes: OKivPlans Make: Amateur-Built: OYes Cabin Crew Seats: Passenger Seats: QNo O Original Design Number of Engines: Type of Airworthiness Certificate Landing Gear Category of Aircraft Engine Type (Select one) O Liquid Rocket Airplanc OBalloon O Reciprocating (Check all that apply) (Chack all that apply) Special-Restricted O Turbo Shaft O Solid Rocket Standard Retractable Normal O'Hybrid Rocket O Blimp/Dirigible Frailwheel Tricycle Limited Aprobatic O Glider O Turbo Jet O Gyroplanc O Helicopter Balloon Provisional ☐High Skid O Unknown ☐ Amphibian O Turbo Fun Commuter Special Flight Emergency Float □Ski4 O Electric O Powered Lift Transport Experimental Float DSL O Rocket Utility Special Light-Sport Hull □Ski/Wheel Fuel System Type (Reciprocating) OUtralight Experimental Light-Sport **OCarburetor** O Fuel-Injected Other Launch/Recovery System OUnknown Certificate of Authorization or Waiver (COA) Rate Fower Total O'Horsepower or Time Inspection Overhaut Engine Manufacturer's of Mig. Model/Series Engine Manufacturer Serial Number Engine O lbs of Thrust (bours) (hours) (hours) GEAV H80-100 8800 NOO 10/3013 800 Eng. 1 1501012501.0 Eng. 2 121010 Eng. 3 Pns. 4 OFixed Pach OFixed Pitch Propellor 2 Propeller 1 Last Inspection Type O'Controllable Pitch O Controllable Pitch Ol00-Hour OContinuous Airworthiness OGround Adjustable OGround Adjustable OConditional Inspection Manufacturer: Hartzell Model: HC-B4TW-31 Manufacturer OUnknow Model: 3/2020 Date Last Inspection: 5 ELT Installed: Additional Equipment (Check all that apply) Airframe Total Time: 2884,99 hrs CADS-B If Yes: Airframe Parachute ELT Manufacturer: hours measured at (Select and) Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bog or Handheld Device Model or Part No .: Quest Inspection OTime of Accident/Incident TSO No.: OC91 (121.5 MHz) OC914(121.5 MHz) Type of Maintenance Program (Select one) OC126 (406 MHz) Q Annual Electronic Multifunction Display Electronic Primary Flight Display Was ELT still mounted in sirrraft? OYes ONo O Conditional (Ameteur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) Was ELT still connected to autenus? OYes ONo ☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device

Did ELT Aid is Locating Aircraft: OYes ONo

Dimpact Damage

Battery Expired/Damaged

Dire Damage

Unknown

Did ELT Activate? OYES ONG

If activated:

If not activated: Indicate Reaspa:

O Continuous Airworthiness

Description of Fire Extinguishing System

None

O Other, specify:

O Specify:

Stall Warning System
Video Recording Device

Other, Specify:

Registered Aircraft Owner		, civ. Hawkinsville '				
Name Dawson Brothers	Spraying Service	INC State: CA 2119:200 3/03/0				
Fractional Ownership Aircraft: O Yes Ø		LNC State: CA ZIP: 2003/03/08/0 Country: Pulaski				
	gistered Owner	Some Address as Registered Owner				
Name: JACOL F. Bonry		City: Khine				
Doing Business As: State: FA 2IP: 3/077						
Air Carrier/Operator Designator (4 Charact	cr Code):	Country: 4:5				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un-	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
☐None ☐Flag Carrier Operating Certificate (FAR 121) ☐Supplemental ☐Air Cargo	OFAR 91 OFAR 129 OFAR 103 OFAR 133 OFAR 134 OFAR 121 OFAR 135 OFAR 137 OFAR 125 OFAR 137 OFAR	435 O Non-Scheduled or Air Taxi O International				
☐ Foreign Air Carriers (FAR 129) ☐ Rothreraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Text (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only				
Commercial Air Tour (FAR 136) [DAgricultural Aircraft (FAR 137) [DPilot School (FAR 141)	OPublic Aircraft (Select one) O Armod Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Scient one) OActial Application OFirefighting OUnknown				
Certificate of Authorization or Waiver (COA) Commercial Space Transportation	O Federal O State	O Acrial Observation OF light Test				
Experimental Permit Commercial Space Transportation License	OLocal	O Air Drop OGlider Tow O Air Race/Show OInstructional				
Other Operator of Large Aircraft	QUnknows	O Banner Tow OOther Work Use				
		O Business O Personal O Executive/Corporate O Positioning				
Revenur Sightseeing Flight	Air Medical Flight	O External Load O Skydiving				
OYes QNe	OYes ONo	Great,				
THE SECTION OF THE SE						
Airport Name:		Distance From Airport Conter:sm				
Airport Identifier:		Direction From Airport:degrees true				
Proximity to Airport: OOff Airport/Airstn	p On Airpon/Airstrip ON/A	Airport Elevation: 1 ms				
Runway Information		Condition of Rusway/Landing Surface (Check all that apply)				
Runway ID: (L/R/C) Length:	ft Width:ft	Dry Snow-Compacted Water-Colm				
Runway/Landing Surface (Check all that		☐ Holes ☐ \$now-Crusted ☐ Water-Choppy ☐ lee Covered ☐ \$now-Dry ☐ Water-Glassy				
Asphalt Gross/Turl Mac	dam Water	Rough Snow-Wet Wos				
Concrete Gravel Met	d/Wood ∨ □ Unknown	☐ Rubber Deposits ☐ Soft ☐ Sluth-Covered ☐ Vegetation ☐ Unknown				
4		LISTANCE LIVERSON LI UNKNOWN				
Approach/Departure Segment (Selections OTaxi OVER Departure						
OTaxi OVFR Departure OTakeoff OIFR Departure Proc Otnitial Climb	OOn Instrument Ap	OBase OGo Around OFinal OAborted Londing (after touchdown) OCrasswind OUnknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
□None		None				
DADF/NDB DPAR DSDF DSidesten	DMLS DPractice	☐ Traffic Pattern ☐ Stop and Go				
DVORTVOR DILS	DASR DGPS	Straight-In Touch and Go Valley/Terrain Following Simulated Forced Landing				
UVOR/DME CLocalizer Only	□ Visual	Go Around				
DTACAN DLOC-back course	☐ Contact ☐ Circling	Full Stop Procautionary Landing				
	Unknown	Unknown				

"FLIGHT CREWMEMBER 1" INFORMATION										
"Flight Crewmember 1" Re		e Time o	f Accident/In	cident						
Pilot O Co-Pilot	O Student Pilot	O Flight I	Instructor C	Check Pilot	OFlig	ht Engineer	O Other	Flight Crew		
"Flight Crewmember 1" wa	s pilot flying 🏻 🌣	Yes 🗆 1	No							
"Flight Crewmember 1" Ide	entification /	`							-	
First Name: dekt F	Bones Ju	100)			City of R	esidence:	Dhi	ولا ZIP:		
Middle Initial:	, (/			State	1 1		7m. \	2077	
Last Name: Boning					state			ZIP:	011	
/	Accident/Incident:	20	D		Country:	4				-
Age at time of	Accident incident.		_ Date of I	_	7	_ "	nm/dd/yyyy			
Dames of Live	To . o		Certificate Nun							
O None O Fatal	Scat Occupied O Left		0111		straint T	ype			Inflatable	Restraints
Minor O Unknown		O Front O Rear	O Unkno	wn	Availab		Used			
6 Serious		O Single			O Lap o		O None O Lap on	lv.	Not Installe	
Pilot Certificate(s) (Check all	that apply)				O 3-poi		O3-point		□ Not De	
□ None □ Flight I:		nmercial	☐ US M	lilitary	O 4-poi		O 4-point		Deploy	ed
☐ Private ☐ Recreat ☐ Student ☐ Sport		line Transp		gn	O 5-poi O Unkr		O 5-point O Unkno		Unkno	wn
☐ Student ☐ Sport	LI rug	th Enginee	er		Ouki	IOWII	Ochkho	WII		
Principal Occupation N	Aedical Certificate	2		Me	dical Ce	rtificate V	alidity		Date of La	st Medical
	O None OCI	lass 3				nitations/wa		Jnknown	Date of Ea	st incurcar
			ense (Sport Pilo	t only)	With limit	ations/waive	rs Oi			
1		nknown		0.5	Special Iss	uance			mm/dd/y	999y
Medical Certificate Limitati	ons									
Medical Certificate Special I	senance	-				age to a support				
Michael Certificate Special	ssuance									
Date of Last Flight Review	6 1	Fligh	t Review Aire	craft						
or Equivalent, Including FAR 121/135 Checks:	05/16/2020	Make:	:P	pa						
_	mm/dd/gyyy	Model	1:	pa -3	/	Maraj	o chi	eften		
Airplane Rating(s)	Other Aircraft R	ating(s)		ent Rating(s			r Rating(s)	**		
(Check all that apply)	(Check all that apply		The second secon	I that apply)	,		that apply)			
None	☐ None		☐ None	11 -22		□ None	mai appiyy	Г	Instrument	Airplane
Single-Engine Land Single-Engine Sea	☐ Airship ☐ Balloon		Airpla Airpla			☐ Airplan	e Single-Eng	ine [Instrument	
Multiengine Land	☐ Glider		☐ Helice			Airplan	☐ Airplane Multi-Engine ☐ Helicopter			
☐ Multiengine Sea	☐ Gyroplane		Li rowe	ed Liit		☐ Gyropl: ☐ Powere			Glider Spon	
	☐ Helicopter						d Oilt	_	a Sport	
Type Ratings	☐ Powered Lift									
Type Ratings						Student I	Endorseme	nts (Include	dates)	
Flight Time (Enter appropriate			Airplane			1,	rument			
mumber of hours in each box)		is Make Model	Single Engine	Airplane	N. L.			}		Lighter
Total Time		200	25/8 3	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	1	200	2497.3	153.7	-	56	58.6			
Time as Instructor	0	-00	27-11.0			-				
This Make/Model	THE PERSON SERVICES	SEE SEE		*. w		+			STATE OF STREET	Consultation Name and
Last 90 Days	300	150	150	80		 	-			
Last 30 Days	1 /	0	50	28	-	-		-	-	
Last 24 Hours	0	0	0	48	-				-	
	- V	10000	10		1	1	1	1	i	1

DAMAGE TO AIRCRAFT A	ND OTHER PRO	PERTY		
Aircraft Damage	Aircraft Fire		Aircraft Explosion	
O None Substantial	None	O Both Ground and In-Flight	⊗None None	O Both Ground and In-Flight
O Minor O Destroyed O Unknown	O In-Flight O On-Ground	O Fire at Unknown Time O Unknown	On-Ground	O Explosion at Unknown Time
			O On-Ground	O Unknown
Description of Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
Landing geor Right Wing to windows bust-d onsive Unocli-	Collapsed.			
RICHT LIVE &	which born	<i>t</i>		
100000000000000000000000000000000000000	1			
with the Dest-d	1.4			
ensive knock	14 017			
19607				
NARRATIVE HISTORY OF FLI	GHT (Please type o	r print in ink)		
Describe what occurred in chronolo			ture of accident/incide	nt Describe terrain and include
wreckage distribution sketch if pertin	ent. Attach extra shee	ts if needed. State departure time an	d and location, service	s obtained, and intended
destination. Provide as much detail as	s possible.			

				*
R				

RECOMMENDATION (How o	could this accident/inciden	t have been preven	ted?)		The Advisor of the
RECOMMENDATION (How of Operator/Owner Safety Recommendation)		t have been preven	ted?)		
MECHANICAL MALFUN	CTION/FAILURE (If	more space is need	led, continue on sepa	rate sheet)	
Was there Mechanical Malfunct (If yes, list the name of the part, manuf	acturer, part no., serial no., an	No d describe the failure.)			Total Time/Cycles On Part HoursCycles Time Since This Part Inspected/OverhauledHours
FUEL & SERVICES INFO					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 160 Other Services, if Any, Prior to	Fuel Type O 80/87 O 100 Low Lea O 100/130 Departure	O 115/145 d O Jet A O Jet A-1	O Jet B O JP8 O Automotive	O Other, specify	
EVACUATION OF AIRC				NOTE OF TAXABLE PARTY.	Talling same property and the same
EVACUATION OF AIRCI					
Was an emergency evacuation o		/-	No		
Method of Exit – Describe how the					
OTHER AIRCRAFT - CO	DLLISION (If air or grou	and collision occurr	ed, complete this sec		
	Manufacturer: Model:			D	age to Other Aircraft estroyed
Registered Owner of Other Airc	eraft	P	ilot of Other Aircraft		
Name:			ame:		
City: ZIP:			ity: tate:	ZIb.	
Country:			ountry:	ZIP:	

ADDITIONAL INFORMATI	ON (Please type or print in lnk)		
Use this space if additional space	e is needed for any answers.		
I HEREBY CERTIFY THAT		ETE AND ACCURATE TO THE BEST O	OF MY KNOWLEDGE
	f Pilot/Operator: Maks	Boney (Jacob)	
09/10/2020 Signatu	re:	V (0	
- or -	Check here to electronically sign this	document	
If a Person Other than Pilot/O	perator is Filing Report		
Name:		Title:	
or - ☐ Check here	to electronically sign this document		
		USE ONLY	
NTSB Accident/Incident No. ERALOLA 306	Reviewed by NTSB Regional Office ASHBURN, VA	Name of Investigator T. G. M. HER	Date Report Received