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

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

BASI	CINFORMA	TION									10000		1500000
	nt/Incident Loca	No. of Contract of					Accident/l	Incide	ent Date/I	ime			
	City/Place: Lake				_State: T	X	Date:	03/12	24/2019	Loc	cal Time:	1340	
	734 C		1				n	nm/dd/	עעעע/		No.		
Latitude:	30.351389		Longitude: -97.9		est.)					Tir	ne Zone: (Central day	light
	(Enter in decima	l degrees or d	egrees:minutes:sec	conds)			Collision	with (Other Air	craft: C	Midair	OOn-groun	d None
AIRC	RAFT INFO	RMATIO	N							e amunicanist			
Registr	ation Number:	N8620B							ped and Ce				
1077 107 10 10 10 10 10 10 10 10 10 10 10 10 10	ecturer: Cessn	a							ll Space Fli Aircraft	ght			
Model:							Maximur	n Gro	ss Weigh	t: <u>2200</u>		lbs	
2 22 22 23 23 24 10 10 22 23	Number: 36320						Weight a	t Tim	e of Accid	ent/Incid	dent: <22	200	lbs
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Amateu	ır-Built: OYes		Kit/Plans Mal	ce:								Seats: 2	
	ONo		Original Design				Number					88-11-11-11-11-11-11-11-11-11-11-11-11-1	
	ry of Aircraft		irworthiness Ce	rtificate		Landing Gea				Engine	Type (Se	elect one)	
Airpl Ballo		(Check all to	** **			(Check all that	7.77			@ Reci	procating	OLiqui	d Rocket
OBlim	Dirigible	☑ Norma	l Restric			☐ Tricycle	Retractable	Пт.	ilwheel	O Turb	o Shaft	OSolid OHybri	Rocket id Rocket
OGlide OGyro		☐ Aeroba				Comments of the comments of th		The same of the sa		O Turb	o Jet	ONone	
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O Powe O Rock	red Lift	☐ Transp☐ Utility				Float	orthograph	□Sk	i	- Dicc			
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OUnkn	own	☐ Certificate	of Authorization	Othor I			aunch/Recovery System		tem	⊚ Carburetor		O Fuel-Injected	
		□None		Unknown		☐ None			nknown				
			Engine		Manuf	acturer's	Date of Mf		Rated Pow Horsey		Total Time	Time Inspection	Since: Overhaul
Engine	Engine Manufa	cturer	Model/Series		Serial l	Number	mm/dd/		O lbs of		(hours)	(hours)	(hours)
Eng. 1 Eng. 2	Continental		ink	111-11	unk		unk		145		unk	unk	unk
Eng. 2													
Eng. 4							_					70000	
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©100-H		inuous Airwo	orthiness	-		OControll			2.0p		O	Controllable	
OAAIF	OCon	ditional Inspec	ction	Manufac	turer:		d Adjustable Manufacturer: _				Ground Adju	stable	
O Annu				Model:					Mode				
Date L	ast Inspection:	mm/dd/yy	nni	ELT In	stalled:	⊚Yes O	No		_	100	inment /	Check all that	t annh-1
Airfran	ne Total Time:			If Yes:		0			□AD	S-B		check all tha	appiy)
	rs measured at (S		- I (Maria a maria)	ELT Ma	nufactur	er:			☐ Airframe Parachute ☐ Angle of Attack Indicator				
OI	ast Inspection	OTime of A	.ccident/Incident	Model of			001-710-	- N	□ A	gie of Atta	ek indicate	or .	
Type of	Maintenance l	Program (Se	elect one)	130 NO.		(121.5 MHz) C 5 (406 MHz)	юя (121.	3 MHz	Dat	a Recorde		YY 11. 1.1.5	mu • Contro
O Annu				Was EL		unted in aircra	ft? OVec	ONo			gnt Bag or ultifunction	Handheld De Display	vice
	litional (Amateur-l ufacturer's Inspect			Was EL	T still con	nnected to anter	ma? OYes	ONo	Ele	ctronic Pri	imary Fligh		
O Othe	r Approved Inspec	tion Program	(AAIP)	DANGE CONTROL OF		e? OYes Of	No		100000000000000000000000000000000000000	ndheld GP ads Up Dis	70		
O Cont	inuous Airworthin r, specify: 100 h	ess		If active		ocating Aircra	ft: OVes	ONo	Onl	board Wea	ather		
	ption of Fire Ex		System		ctivated:	-coming Antia	0103	110	Libat	ellite Trac Il Warning	king Devic	e	
O Non	e		, ~ , 50011		Reason:	☐ Impact Dar	mage		□Vic	leo Record	ling Device		
● Spec	eify: Fire exting	uisher				Fire Damag	ge		Oth	er, Specif	y:		
						Unknown	expired/Damaged						

OWNER/OPERATOR INFORMA	ATION		
Registered Aircraft Owner		City Lakouay	
		City: Lakeway	
Fractional Ownership Aircraft: O Yes O) No	State: TX ZIP Country: USA	P: <u>78738</u>
	egistered Owner	Same Address as Registered Council	
Name:		Cit	
Doing Dustiless As.			
Air Carrier/Operator Designator (4 Characte	er Code):	Country:	D:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Und		
☑ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133)	OFAR 121 OFAR 135 OFAR 43 OFAR 125 OFAR 137 OFAR 43 OFAR 91 Special Flight	415 431 435 437 O Scheduled or Commuter O Non-Scheduled or Air Taxi O Passenger	Domestic International
☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136)	O Non-US, Commercial O Non-US, Non-commercial	O Cargo O Mail Contract Only	
☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) OArmed Forces	Purpose of Flight for FAR 91, 103, 13 (Select one)	33, 137
□ 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 Executive/Corporate O Firefighting OFlight Test OGlider Tow OInstructional OPersonal OPersonal	d Commown
Revenue Sightseeing Flight OYes O No	Air Medical Flight O Yes O No	O External Load O Skydiving	
AIRPORT INFORMATION (Fill in)	f accident/incident occurred on app	roach, landing, takeoff, departure, or within	
Airport Name: Lakeway Airpark			
Airport Identifier: 3R9		Distance From Airport Center: appx 1/2	sm
Proximity to Airport: Off Airport/Airstrip	00 11	Direction From Airport: appx 180	degrees true
	On AnpoloAnsurp	Airport Elevation: 909	ft. msl
Runway Information Runway ID: 16/34 (L/R/C) Length: 393	30 0 200 70	Condition of Runway/Landing Surface (C	Check all that apply)
Runway/Landing Surface (Check all that ap) ☐ Asphalt ☐ Grass/Turf ☐ Macade ☐ Concrete ☐ Gravel ☐ Metal/ ☐ Dirt ☐ Ice ☐ Snow	n Width: 70 ft pply) dam	☑ Dry ☐ Snow-Compacted ☐ Holes ☐ Snow-Crusted ☐ Ice Covered ☐ Snow-Dry ☐ Rough ☐ Snow-Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation	☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☐ Wet
Approach/Departure Segment (Select one)			
OTaxi OTakeoff OInitial Climb OVFR Departure OIFR Departure Proceed	On Instrument Appro	OBase	h ing (after touchdown)
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply) □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 □	☐ Traffic Pattern ☐ Stop : ☐ Straight-In ☐ Toucl ☐ Valley/Terrain Following ☐ Simul ☐ Go Around ☐ Force	and Go ch and Go ulated Forced Landing ed Landing autionary Landing
	□Unknown	☐ Unkn	iown

"FLIGHT CREWMEMBE	R 1" INFOR	MATION	V							
"Flight Crewmember 1" Respo	nsibilities at the Student Pilot		ccident/Incid		O Flight E	ngineer	O Other Fli	ght Crew		
"Flight Crewmember 1" Identi										
First Name: Randall				City	of Resid	lence: Aus	tin			
Middle Initial: S				7000				P: 78734		
Last Name: Nelson								1. 10104		
Age at time of Ac	oidont/Incidonts	20	Date of Bir		intry: <u>U</u>		/dd/yyyy			
Age at time of Ac	cident/incident.			-			auryyyy			
Degree of Injury	Seat Occupied	Cer	tificate Number		int True			T	flatable Re	
O None O Fatal O Minor O Unknown O Serious		Front Rear Single	O Unknown	Ay	aint Type vailable None Lap only	υ	Sed O None O Lap only	111	✓ Not Instal	
Pilot Certificate(s) (Check all the None ☐ Flight Inst☐ Private ☐ Recreation☐ Student ☐ Sport	ructor Com	mercial ine Transpor ht Engineer	☐ US Milli t ☐ Foreign	tary	3-point 4-point 5-point Unknow		O3-point O4-point O5-point OUnknown	1	☐ Not Deployed ☐ Deployed ☐ Unknown	
© Pilot O Other		ass 3	se (Sport Pilot o	only)	thout limit	ficate Vali ations/waivers ons/waivers	No. of the last of	known	ate of Last 10/03/2019 mm/dd/yyy	8_
Date of Last Flight Review or Equivalent, Including		The second second	Review Aircr	raft						
FAR 121/135 Checks:	11/10/2017 mm/dd/yyyy		Pilatus PC12							
Airplane Rating(s)	Other Aircraft R			nt Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that appl	(ע)	(Check all			(Check all ti				
☐ Single-Engine Land ☑ Single-Engine Sea ☑ Multiengine Land ☐ Multiengine Sea	☑ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☐ Airplan ☐ Helicop ☐ Powere	oter			e Single-Engi Multi-Engin ne I Lift	ne 🗆	Instrument A Instrument F Helicopter Glider Sport	
Type Ratings CE 550 SIC privileges only DA-50 SIC privileges only G-200			,			Student E	ndorsemen	its (Include o	lates)	
Flight Time (Enter appropriate number of hours in each box)		This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,472	462	790	678	127	188		3		
Pilot in Command (PIC)	855	381	691	164						
Time as Instructor	293	206	293							
This Make/Model					15			E-8-4011		Sinn 2
Last 90 Days	115	14	14	101	18	9	1			
Last 30 Days	41	4	4	37		-				
Last 24 Hours								1		

"FLIGHT CREWMEN	BER 2" INFOF	RMATIC	JIN						
"Flight Crewmember 2" Re	sponsibilities at the	e Time of	Accident/Incident				7 2 2 2 3 May		
Ornot Oco-Pilot	Student Pilot	OFlight In	structor OChec		light Engineer	OOthe	r Flight Crew		
"Flight Crewmember 2" wa		Yes 🗹	No				. Thight Clew		
"Flight Crewmember 2" Id	entification								
First Name: Kevin				City of	Pagidanas O	14			
Middle Initial: Wayne					Residence: S				
Last Name: Henderson					X		ZIP: 78666	3	
Age at time of	Accident/Incident:		Data of Dist	Country	: USA				
-		The state of the s	A SECURITION OF CHILDREN AND A COMMENT OF THE PARTY OF TH		m	m/dd/yyyy			
Degree of Injury	Seat Occupied	Cert	tificate Number:	T			and the second		
O None O Fatal	⊚ Left	OFront	OUnknown	Restraint				Inflatable	Restraints
O Minor O Unknown		ORear	Commown	Availa		Used			
	OCenter	OSingle		O No	ne p only	O None O Lap or	J.,	☑ Not In	
Pilot Certificate(s) (Check all	and the second s			O 3-p	oint	O 3-poin		☐ Install☐ Not D	
□ None □ Flight In □ Private □ Recreat		mercial ne Transpor	US Military	04-p		O 4-poin	t	☐ Deploy	yed
☑ Student ☐ Sport		nt Engineer	t Foreign		known	O 5-poin O Unkno		Unkno	own
Principal Occupation N	. V 10					• • • • • • • • • • • • • • • • • • • •			
	Medical Certificate			Medical C	ertificate Va	alidity		Date of La	st Medical
	None O Clas Class 1 O Driv	ss 3 ver's Licens	se (Sport Pilot only)	O Without	limitations/wai		Unknown		
O Unknown	Class 2 O Unk	cnown	se (Sport Pilot only)	O With lim	itations/waiver	rs 💿 1	N/A	- /11/	
Medical Certificate Limitation	ons				- Countries			mm/dd/y	עעעי
Medical Certificate Special I	ssuance		pile s						
Date of Last Flight Review	ssuance	Flight F	Review Aircraft						
Date of Last Flight Review or Equivalent, Including		None III							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: _ Model: _							
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy Other Aircraft Rat	Make: _ Model: _ ting(s)	Instrument Ra	ting(s)					
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) Check all that apply)	mm/dd/yyyy Other Aircraft Rat (Check all that apply)	Make: _ Model: _ ting(s)	Instrument Ra	ting(s)	Instructor	Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) Check all that apply) None	mm/dd/yyyy Other Aircraft Rat	Make: _ Model: _ ting(s)	Instrument Ra (Check all that ap	ting(s)	Instructor (Check all the	Rating(s)		Instrument A	Airolane
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 Sea	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon	Make: _ Model: _ ting(s)	Instrument Ra (Check all that ap □ None □ Airplane □ Helicopter	ting(s)	Instructor (Check all the None Airplane	Rating(s) hat apply) Single-Engir	ne 🗆	Instrument A	Airplane Helicopter
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 Sea Multiengine Land	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon Glider	Make: _ Model: _ ting(s)	Instrument Ra (Check all that ap	ting(s)	Instructor (Check all th None Airplane Gyroplan	Rating(s) hat apply) Single-Engin Multi-Engin	ne 🗆	Instrument H Helicopter	Airplane Helicopter
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	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter	Make: _ Model: _ ting(s)	Instrument Ra (Check all that ap □ None □ Airplane □ Helicopter	ting(s)	Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) inat apply) Single-Engin Multi-Engin ine Lift	ne 🗆	Instrument H Helicopter Glider Sport	Airplane Helicopter
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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 Sea Multiengine Sea Multiengine Sea Multiengine Sea	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Make: Model: _ ting(s)	Instrument Ra (Check all that ap □ None □ Airplane □ Helicopter □ Powered Lift Airplane Single Airplane	ting(s) ply)	Instructor (Check all th None Airplane Gyroplan Powered Student Er	Rating(s) hat apply) Single-Engin Multi-Engin le Lift Indorsement	ts (Include de	Instrument Helicopter Glider Sport	Lighter Lighter
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 Sea Multiengine Sea Multiengine Sea Type Ratings Signer Center appropriate under of hours in each box) otal Time ilot in Command (PIC) ime as Instructor	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Make: Model: _ ting(s)	Instrument Ra (Check all that ap □ None □ Airplane □ Helicopter □ Powered Lift Airplane Single Airplane	ting(s) ply)	Instructor (Check all th None Airplane Gyroplan Powered Student Er	Rating(s) hat apply) Single-Engin Multi-Engin le Lift Indorsement	ts (Include de	Instrument Helicopter Glider Sport	Lighter Lighter
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 Sea Multiengine Land Multiengine Sea Type Ratings Sight Time (Enter appropriate umber of hours in each box) otal Time filot in Command (PIC) time as Instructor this Make/Model	mm/dd/yyyy Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Make: Model: _ ting(s)	Instrument Ra (Check all that ap □ None □ Airplane □ Helicopter □ Powered Lift Airplane Single Airplane	ting(s) ply)	Instructor (Check all th None Airplane Gyroplan Powered Student Er	Rating(s) hat apply) Single-Engin Multi-Engin le Lift Indorsement	ts (Include de	Instrument Helicopter Glider Sport	Lighter
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Crew Name and Addre			Exclusive	of cabin crev	v, complete t	he following	information)		
First Name:	ess						Seat Occupied		Injury
		_ City	of Residen	ce:			- 2001	OFront	O None
Middle Initial:		Stat	e:	ZI	P:		O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Cou	intry:					OUnknown	O Fatal
nn . o . in / \							Desturing Tour		O Unknown
Pilot Certificate(s) (Ch	_			=			Restraint Type Available	e: Used	Inflatable Restraints
□ None □ Private	Flight Instructor Recreational		mmercial line Transpo	ort			O None	O None	□ Not Installed
☐ Student	□ Sport		ght Enginee		igii		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed
			1				O4-point	O 4-point	☐ Not Deployed ☐ Deployed
Type Rating/Endorser			and the same of th	ight Time at			O5-point OUnknown	O 5-point O Unknown	☐ Unknown
Accident/Incident Air	craft?	□ No	of this A	.ccident/Incid	lent:	hrs	• Cimilo III		
Crew Name and Addr	ess						Seat Occupied	1	Injury
First Name:		City	y of Residen	ice:			OLeft	OFront	O None
Middle Initial:	_				IP:		OCenter ORight	O Rear O Single	O Minor O Serious
Last Name:		Cou	untry:				Okigiii	OUnknown	O Fatal
Pilot Certificate(s) (Cl	heck all that apply						Restraint Typ	e:	O Unknown Inflatable
□ None	☐ Flight Instructor	ПС	mmercial		Military		Available	Used	Restraints
☐ Private	Recreational		rline Transp				O None O Lap Only	O None O Lap Only	☐ Not Installed
☐ Student	☐ Sport	☐ Fli	ight Enginee	er			O3-point	O 3-point	☐ Installed
Type Rating/Endorse	ment for		Total Fl	light Time at	the Time		O 4-point	O 4-point	☐ Not Deployed ☐ Deployed
Accident/Incident Air		□No	And the second second	ccident/Incid		hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown
PASSENGER(S) /	The second secon	A STATE OF THE PARTY OF THE PAR				parate shee	Company of the Control of the Contro		
					E C K by			Inflatable	
Name and Address				Seat	Injury	Restraint 7		Restraints	Age
First Name:	City :					Available ONone	Used O None		
Middle Initial:				OLeft OCenter	ONone OMinor	OLap Only	O Lap Only	☐ Not Installed ☐ Installed	☐ Under 5 years
Last Name:				ORight	OSerious	O3-point O4-point	O 3-point O 4-point	☐ Not Deploye ☐ Deployed	d If Under 5,
•	0.0	-	S.4	OUnknown	OFatal OUnknown	O5-point	O 5-point	Unknown	O Child Restraint O Lap-Held
OCrew	OPassenger	00	Other	Row:		OUnknown			OUnknown
First Name:	City :			OLeft	ONone	Available ONone	Used O None	□Not Installed	Director 6
Middle Initial:				OCenter	O None O Minor	OLap Only	O Lap Only	☐ Not Installed ☐ Installed	
Last Name:	Country:			ORight OUnknown	O Serious O Fatal	O3-point O4-point	O 3-point O 4-point	□ Not Deploye □ Deployed	30) 160
O Crew	Passenger	00	Other	Row:	OUnknown	O5-point OUnknown	O 5-point	Unknown	O Child Restraint O Lap-Held O Unknown
	MAIN THE					Available	Used		
First Name:	City			■ 10220101 C-010	ONone	ONone	O None	☐ Not Installed	
First Name:				OLeft OCenter		2 2 2 3 3 3 3 5 3 5 5 5 5 5 7 5 7 5 7 5 7 5 7		Not Installed	Under 5 years
Middle Initial:	State:	ZIP:		OLeft OCenter ORight	O None O Minor O Serious	OLap Only O3-point	O Lap Only O 3-point	☐ Installed ☐ Not Deploye	SO ALTRO ALPRODES CELE SIGNASSIO
	State:	ZIP:		OCenter	OMinor OSerious OFatal	OLap Only O3-point O4-point	O Lap Only O 3-point O 4-point	☐ Installed ☐ Not Deployed ☐ Deployed	If Under 5, O Child Restrain
Middle Initial:	State: Country:	ZIP:		OCenter ORight	OMinor OSerious	OLap Only O3-point	O Lap Only O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	d If Under 5,
Middle Initial:	State: Country: OPassenger	ZIP:	Other	OCenter ORight OUnknown Row:	OMinor OSerious OFatal OUnknown	OLap Only O3-point O4-point O5-point	O Lap Only O 3-point O 4-point O 5-point O Unknown	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	od If Under 5, O Child Restrain O Lap-Held O Unknown
Middle Initial: Last Name: OCrew	State: Country: OPassenger City:	ZIP:	Other	OCenter ORight OUnknown	OMinor OSerious OFatal	OLap Only O3-point O4-point O5-point OUnknow Available ONone OLap Only	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None y Lap Only	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed ☐ Installed	od If Under 5, O Child Restrain O Lap-Held O Unknown
Middle Initial: Last Name: OCrew First Name:	State: Country: OPassenger	ZIP:	Other	OCenter ORight OUnknown Row:	OMinor OSerious OFatal OUnknown	OLap Only O3-point O4-point O5-point OUnknow Available ONone	y O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown ☐ Not Installed	od If Under 5, O Child Restraint O Lap-Held O Unknown

	INFORMATIO			NAME OF THE PARTY OF				
Last Departure Point	Tin	ne of Departure	Destinati	on		Type Fligh	t Plan Filed	
Airport ID: 3R9	Tim	e: 1340	Airport ID	: 3R9		None	O VFR/IFR	
City: Lakeway		e. <u>1040</u>	City: Lake	eway		O Company	VFR O IFR	
State: TX	e Zone: CDT	State: TX			O Military	VFR O Unknown		
Country: USA		-	Country: U	and the second s		O VFR	OYes ONo OUnknown	
Type of ATC Clearance/Ser	vice (Check all that	(apply)	Country.			Activateu.	Ores ONO OUNKnown	
☑ None ☐ VFR	Special VFR IFR	□ Sp	ecial IFR R On Top		☐ VFR Flight Follo	owing	☐ Cruise ☐ Unknown / NA	
Airspace where the acciden	t/incident occurre	d (Check all that	apply)					
☐ Class A	Class G	☐ Mi	litary Operations	Area (MOA)	☐ Special		Altitude of In-Flight	
	Demo Area Warning Area	☐ Air	port Advisory A	rea	☐ Air Traffic Contr	ol Area	Occurrence:	
	Prohibited Area	☐ Jet ☐ TR	Training Area		Unknown		1400 appx ft msl	
The state of the s	Restricted Area	FA					755ACS1-256	
WEATHER INFORMA	ATION AT THE	ACCIDEN	T/INCIDEN	IT SITE				
Source of Pilot Weather Inf	ormation				servation Facility			
(Check all that apply)				Facility ID: K				
☐ National Weather Service ☐ Flight Service Station	Con	npany		A STATE OF THE PARTY OF THE PAR				
TV/Radio	☐ Mili			Observation T				
☐ Automated Report	□ Non			Time Zone: _C				
Commercial Weather Service	(DUATS) Unk	nown		Distance from	Accident Site: 9		nm	
On-Board Weather				Direction from	Accident Site: 010	аррх	_ degrees true	
Basic Conditions		Light Conditi	ion					
⊙ VMC		ODawn	ODusk	ODar	k Night OUni	known		
O IMC O Unknown		ODay	O Night		ght Night			
MENTAL MARKET MA								
Sky/Lowest Cloud Conditio		Ceiling			Temperature:	18	(C) or(F)	
	Thin Broken	None (Clear)	0	Obscured	The same of the sa			
	Thin Overcast Unknown	O Broken		Indefinite	Dew Point:8	(C) or(F)	
O Scattered	Chkhown	O Overcast	O	Unknown	Altimeter Setti	ng: 28.8	in Ua	
Lowest Cloud Condition He	eight	Ceiling Heigh			Tarante Setti	or	MB	
	_ft agl	a truight	•	ft agl				
Wind Direction								
	Wind Speed		Wind Gusts		Visibility	>10	miles	
☐ Variable	☐ Calm		☐ Not Gustin	ng	1			
-or-	☐ Light and Varia	able						
Direction: 360 degrees true	Speed: 8/gust ?		-or-		RVV:		miles	
			Speed: variab	ole kts	Density Altitud	le: <u>2781</u>	ft	
Intensity of Precipitation	Type of Precipit		hat apply)		Restriction to V	isibility (Ci	heck all that apply)	
O Light O Moderate	None	☐ Drizzle	☐ Freezing		☑ None	□F		
OHeavy	Rain Snow	☐ Ice Pellets ☐ Snow Pellet	Snow S		☐ Blowing Dus	st 🗖 G	round Fog	
⊙ N/A	Hail	Snow Pellet			Blowing San			
OUnknown	Rain Showers	Ice Crystals		g Drizzie	☐ Blowing Sno	AND THE STREET, STREET	ce Fog moke	
					Dust		Inknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type None ONA	- 1	Amount	Type		Type (Check all	that apply)	Severity	
None None N/A Trace Rime	. 10	● None	ON/A		✓ None	-FF-57	Light	
O Light O Clear		O Trace O Light	ORime		Clear Air		■Moderate	
O Moderate O Mixed		O Moderate	O Clear O Mixe		☐ Terrain-Induc		Severe	
O Severe O Unknow	n	O Severe	O Unkn		Convective 1	urburence	□ Extreme	
		O Unknown						
	IRMETs. SIGN	IETs. PIREP	in effect et	the time of 41	ho poside-+/-	4-		
	IRMETs, SIGN	IETs, PIREPs	in effect at	the time of tl	he accident/incid	ent:		
NOTAMs (D and FDC), A	IRMETs, SIGN	IETs, PIREPs	in effect at	the time of th	he accident/incid	ent:		
	IRMETs, SIGN	IETs, PIREPs	in effect at	the time of th	he accident/incid	ent:		
	IRMETs, SIGM	IETs, PIREPs	in effect at	the time of th	he accident/incid	ent:		

DAMAGE TO	AIRCRAFT A	AND OTHER PR	ROPERTY		
Aircraft Damage		Aircraft Fire		Aircraft Explosion	
Minor	Substantial Destroyed Unknown	NoneIn-FlightOn-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
escription of Dar	mage to Aircraft	and Other Property	(Use additional sheet if necessary)		
estroyed. See ph	noto of aircraft c	ontained in NTSB F	Preliminary Report.		
		LIGHT (Please type			
Describe what oc	curred in chrono	logical order, includ	ling circumstances leading to and	nature of accident/incid	ent. Describe terrain and includ
destination. Provid	de as much detail	as possible.	neets if needed. State departure time	and and location, service	es obtained, and intended
		- Contract	. Deborah Bergfield. Pilot has no	independent recollect	ion of the day of the accident
lue to traumatic b	orain injury.			,	,
			A.		

RECOMMENDATION (Hov	v could this	accident/incident h	ave been pre	vented?)				
Operator/Owner Safety Recomm					THE RESERVE AND ADDRESS OF THE PARTY OF THE			
BEFOLIANIONI MALEUM	1071011							
MECHANICAL MALFUI	NCTION/	FAILURE (If mo	re space is r	eeded, co	ontinue on sepa	arate sheet)		
Was there Mechanical Malfun (If yes, list the name of the part, man	ction/Failuı ufacturer, pai	re? 🗹 Yes 🗖 No rt no., serial no., and de	scribe the fail	ure.)				Total Time/Cycles On Part
See attached witness statem					dicating it was	not producing	full	
power.		•	J -			not producing	Tuli .	unk Hours
								unk Cycles
								Time Since This Part
								Inspected/Overhauled
								unk Hours
ELIEL & SERVICES INF	ODMAT	1011						
FUEL & SERVICES INF Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		O 80/87	O 115/145	5	O Jet B	O Other, spec	ifv	
unk	Gallons	● 100 Low Lead ● 100/130	O Jet A O Jet A-1		O JP8 O Automotive	• outer, spec	y	
Other Services, if Any, Prior to	Departure		O Jet A-1		O Automotive			
EVACUATION OF AIRC	CRAFT							
Was an emergency evacuation		raft parformed?	☑ Yes	T No.				
Method of Exit - Describe how				□ No	d anah lagation			
Extracted by emergency resc	ue personr	nel.	any occupan	is evacuate	ed each location	L.		
	•							
OTHER AIRCRAFT - C	OLLISIO	N (If air or ground	collision oc	curred co	mnioto this age	otion for other-	lan and	
Aircraft Registration Number		urer:						age to Other Aircraft
	Model:				1166-21		D D	estroyed
Registered Owner of Other Ai				Pilot of	Other Aircraft	1	☐ St	ubstantial None
Name:						3		
City: ZIP:			- S S-	City:				
Country:				- cuto.		ZIP:		
			-	_ canta y				

DDITIONAL INFOR	RMATION (Please type or print in ink)	
The state of the s	nal space is needed for any answers.	
HEDERY CERTIEV	THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE B	EST OF MY KNOW! EDGE
	The delice which are	
Section 1997 Section 1997	Name of Pilot/Operator: Handall Scott Nelson Signature	
mm/dd/yyyy	-or - ☐ Check here to electronically sign this document	
If a Person Other than	Pilot/Operator is Filing Report	
	eck here to electronically sign this document	
	FOR NTSB USE ONLY	
NTSB Accident/Incide CEN19FA099	ent No. Reviewed by NTSB Regional Office Name of Investigator Central Regional Office - CEN Michael J. Hodges	Date Report Received