## 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 INFORMATION	To report	ing civil	and publ	ic aircrai	taccide	ents a	ina ina	idents	
Accident/Incident Location			<b>X</b>						
Nearest City/Place: SPRING ZIP: 77379 Country: UA	UITED STATES		TEXAS	Accident/Inc		20_	Local Time	: 12:4	Ор.м
Latitude: 30.07020 (Enter in decimal degrees or a	Longitude: 45.5	12° W	_				Time Zone	CENT	PAL
				Collision wit	h Other Ai	rcraft:	O Midair	OOn-gro	und <b>©</b> No
AIRCRAFT INFORMATIO	N								
Registration Number: N 1332  Manufacturer: BEECH CA		☐ IFR-Equ ☐ Commer ☐ Unmann	cial Space F	ertified light					
Model: BE 95-55			-			. 11	20		
Serial Number: TC-141				Maximum G				lbs	
Year of Manufacture: 1961				Weight at Ti					lbs
	Kit/Plans Make:			Number of S	eats:				2
	Original Design			Cabin Crew Sea  Number of E		2	Passenge	er Seats:	3
OBalloon OBlimp/Dirigible OGlider OGyroplane OHelicopter OPowered Lift ORocket OUltralight OUnknown	Special Restricted Limited Provisional Special Flight Experimental Special Light-S Experimental I	Sport Light-Sport	Landing Gear (Check all that that the land of the land	r apply) etractable  T Float S S	ailwheel ligh Skid kid ki ki/Wheel	Engin Ø Rec O Tur O Turl O Turl O Elec	oo Fan etric estem Type	O Liqu O Solid	nown
□ Certificate o	of Authorization or Waiv	ver (COA)	☐ Other Launc ☐ None		nknown	<b>O</b> Carb	ouretor	K Fuel-	-Injected
Engine Engine Manufacturer  Eng. 1 CONT MOTOR :	Engine Model/Series IO - 470	Manufa Serial N		Date of Mfg. mm/dd/yyyy	Rated Power Horsepo O lbs of T	ower or	Total Time (hours)	Time Inspection (hours)	Since: Overhaul (hours)
Eng. 3 POTOR -	IO-470				260				
Eng. 4									
Last Inspection Type	Duone	D 1	OF: IP:					7-1	
OContinuous Airworth OAAIP OConditional Inspectio OAnnual OUnknown	on Manuf		OFixed Pitch Controllable OGround Ad	le Pitch	Manufa	acturer: 1	10 CA	Fixed Pitch Controllable F Ground Adjus	
Date Last Inspection:			Yes ONo				F-0		
hours measured at (Select one)  OLast Inspection  OTime of Accident	hrs  If Yes: ELT M dent/Incident  Model of	anufacturer: or Part No.:	:		☐ Airfra ☐ Angle	B ime Parac of Attac		theck all that	apply)
Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AA Continuous Airworthiness Other, specify:  escription of Fire Extinguishing System None Specify:	TSO No Was EL Was EL Did ELT If active Did ELT	OC126 (4) T still moun T still conne T Activate? ated: Aid in Local ctivated: Reason:	11.5 MHz) OC91 106 MHz)  ted in aircraft? cted to antenna? Yes ONo ating Aircraft: ( Impact Damage Fire Damage	Yes ONo Yes ONo	Autop   Data     Electr   Electr   Handh   Heads   Onboa   Satelli	Recorder Recorder Onic Flig Onic Mul Onic Prin Teld GPS Up Disp Ord Weath Teld Tracki Varning S Recordir	ht Bag or F tifunction I nary Flight lay ner ng Device System	Iandheld Dev Display Display	rice

OWNER/OPERATOR INFORMA	TION					
Registered Aircraft Owner		City: SPOING				
Name: UP AND UP AVIATI	ON LLC					
Fractional Ownership Aircraft: O Yes		State: Texas ZIP:				
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As: TEXAS FLIG	HT	State: ZIP:				
Air Carrier/Operator Designator (4 Characte		Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un					
None    Flag Carrier Operating Certificate (FAR 121)   Supplemental   Air Cargo   Foreign Air Carriers (FAR 129)	OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	O Non-Scheduled or Air Taxi  O International				
☐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 Cargo O Mail Contract Only				
☐Commercial Air Tour (FAR 136) ☐Agricultural Aircraft (FAR 137) ☐Pilot School (FAR 141)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
Certificate of Authorization or Waiver (COA)  Commercial Space Transportation  Experimental Permit  Commercial Space Transportation License  Other Operator of Large Aircraft	O Armed Forces 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 O Unknown O Unknown O Flight Test O Glider Tow O Cher Work O Other Work Use O Personal O Positioning				
Revenue Sightseeing Flight  O Yes  No	Air Medical Flight  O Yes  No	O External Load O Skydiving O Ferry				
AIRPORT INFORMATION (FIII in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: DAVID WAYNE	Hooks	Distance From Airport Center: 1/2 sm				
Airport Identifier: KDWH	To the spile Park Company of the Company of the	Direction From Airport: 170 degrees true				
Proximity to Airport: O Off Airport/Airstri	p Son Airport/Airstrip ON/A	Airport Elevation: 152. ft. msl				
Runway Information  Runway ID:(LRC) Length:	adam Water	Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown				
Approach/Departure Segment (Select one	)					
OTaxi OTakeoff OIrR Departure Proc	edure/Clearance OLanding	pproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
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 and Go         □ Straight-In       □ Touch and Go         □ Valley/Terrain Following       □ Simulated Forced Landing         □ Go Around       □ Forced Landing         □ Full Stop       □ Precautionary Landing				
	□Unknown	Unknown				

"FLIGHT CREWMEME	BER 1" INFOR	MATION									
"Flight Crewmember 1" Resp	onsibilities at the		ccident/Inci	i <b>dent</b> Check P	Pilot	O Flight	Engineer	O Other Fl	ight Crew		
"Flight Crewmember 1" was	pilot flying XYe	s 🗆 No									
"Flight Crewmember 1" Iden	itification										
First Name: ER/C					Cit	y of Res	idence: $\underline{\hspace{0.1cm} u}$	1AGHO	LIA		
Middle Initial:					Sta	ite: 1	ZAX	Z	IP: <u>77.3</u>	54	
Last Name: SALINA	5			_			USA				
	Accident/Incident: _		Date of Bi			, -		/dd/yyyy			
D	Coat Occupied	Ceru	ilicate Nulli	Der.	Doctr	aint Ty	ne –		1	nflatable Re	straints
Degree of Injury  None O Fatal O Minor O Unknown O Serious	6 Right C	Front Rear Single	O Unknow	/n	A	vailable O None O Lap on	ι	J <b>sed</b> O None O Lap only		Not Insta	lled
Pilot Certificate(s) (Check all					)	<b>2</b> 3-point	1	O <sup>3</sup> -point		☐ Not Depl	oyed
□ None □ Flight In □ Private □ Recreation □ Student □ Sport	structor Commonal Airlin	nercial le Transport t Engineer	☐ US Mil ☐ Foreign	-		O 4-point O 5-point O Unkno	t	O 4-point O 5-point O Unknown	n	☐ Deployed	
Principal Occupation M	ledical Certificate				Medi	cal Cert	ificate Vali	idity	Г	ate of Last	Medical
O Other	None OClass Class 1 ODriv	ver's License	e (Sport Pilot	only)	<b>⊗</b> Wi		itations/waive ions/waivers ance	ers O Un	known A	0/07/20 mm/dd/yyy	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	01/19/2020	Make: £	Review Airc	PTER							
	mm/dd/yyyy	Model: 6	EC-135	72-	1						
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra		(Check all				Instructor (Check all ti				
☐ None Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☑ Helicopter ☐ Powered Lift		□ None □ Airplan Helico □ Powere	pter					ne 🗆	Instrument A Instrument H Helicopter Glider Sport	
Type Ratings							Student E	ndorsemen	ts (Include o	dates)	
Flight Time (Enter appropriate number of hours in each box)	1 1	s Make Model	Airplane Single Engine	Airp Multie	lane engine	Night	Instr	ument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	4352 954	.5	109.9	4.0	5	1100	40	156	4160		
Pilot in Command (PIC)		0.0	50	C	)	1000	60	156	3890		
Time as Instructor											
This Make/Model											
Last 90 Days	49	0	0	4,5	,	19	10.2	0	49		
Last 30 Days	19	9	0	4/,	5	19	8.7	8	19		
Last 24 Hours	Δ	4	C		0	0	1	,	0		

*Flight Crewmember 2* Responsibilities at the Time of Accident/Incident OPilot Oco-Pilot Oschelen Pilot Pright Crewmember 2* Was pilot flying Yes  *Flight Crewmember 2* Was pilot flying Yes  *Age at time of Accident/Incident:	"FLIGHT CREWMEM	BER 2" INFO	RMATIC	ON							
Fight Crewmember 2" Identification First Name: Gorett    County   County   County	"Flight Crewmember 2" Re	sponsibilities at tl	he Time of	Accident/Inciden		OFligh	t Engineer	O Other F	light Crew		
City of Residence:   New Woods   Y	"Flight Crewmember 2" wa	s pilot flying	Yes 🔀	(No		4005-0	<u> </u>				
Middle Initial: LO  Last Name: You Age at time of Accident/Incident: 27 Date of Birth: Certificate Number  Degree of Injury Seat Occupied Minor   Unknown   Offent								10.650	En ale		
State: TX   ZIP: 73.5   Stat	First Name: Garrett		10000		Cit	ty of Res	idence:	New	Was	erly	
Last Name:   Volume   Age at time of Accident/Incident:   2.7   Date of Birth:   Certificate Number:   Certi	: [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]					7.0	10.75		P: 77	358_	
Age at time of Accident/Incident: 27 Date of Birth:    Certificate Number   Certificate Number								and I have	1000	127.00	
Certificate Number		A acident/Incident:	27	Date of Birth	Co	ountry: _		/dd/vvvv	Carlo man		
Degree of Injury   Seat Occupied   Other   O	Age at time of	Accident/incident.	A CONTRACTOR OF STREET								
Some   Fatal   Other	Decree of Indiana	Seet Occupie		Timeate Number.	Rest	raint Tv	ne	2001.90		Inflatable R	estraints
Oktoor   Oktoown   Oktoor		State of the state		OUnknown	Sec. 17 19	500 10 10		Uand	47.15		a i i iliya A i i i iliya
Ocenter   Osingle   Ocenter   Ocen	O Minor O Unknown	Right	ORear	o o mano wiii						Not Insta	illed
None   Private     Recreational	O Serious	OCenter	OSingle				nly	_		☐Installed	
Private   Recreational   Student   Sport   Protein   P	Pilot Certificate(s) (Check al	ll that apply)									
Principal Occupation   Sport   Flight Engineer   Foreign   Outknown   Outkn	□ None	Instructor Co	ommercial								
Principal Occupation Principal									n	_	
Piot   Oher   O'Class 3   O'Driver's License (Sport Pilot only)   O'NA	☐ Student ☐ Sport	□ F1	light Enginee	r					\$ 80 mb	7,3 4	
Pilot	Principal Occupation	Medical Certifica	te		Med	lical Cer	tificate Val	idity	200	Date of Last	Medical
O Unknown   O Class 2   O Unknown   O Special Issuance   Issuance   Issuance   Issuance   O Class 2   O Unknown   O Special Issuance   Issuan		O None	Class 3							09/19/	2019
Medical Certificate Limitations   Special Issuance	O Other			ense (Sport Pilot only)				O N/	A	mm/dd/yy	vy v
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:   OS/24/20 Q   mn/dd/yyyy   Model:   PA - 28 - 18	O Unknown	O Class 2	Unknown	No.	0 5	peciai issu	iance		9.5		
Make:   PA - 28 - 18     Model:   PA - 28 - 18     PA - 28 - 18     Model:   PA - 28 - 18   Model:   PA - 28 - 28   Model:   PA - 28   Model:   PA - 28 - 28   Model:	Date of Last Flight Review		Fligh	t Review Aircraft	the state of		Line in Ly		reservation		Total Inc.
Model: PA - 28 - 18		05/24/2010	Make:	. Piper		150	we i	Shoke .	-M	0000 T-700	- 10 G
Airplane Rating(s) (Check all that apply)   None	FAR 121/135 Checks:		Model	1: PA-28-18	1		and the same	Alastra L	Öler et		
Check all that apply)   Check all that apply)   (Check all that apply)   (Airplane all the direction of the left copter   (Airplane all the direction of the left copter   (Airplane all the le	Airplane Rating(s)						Instructor	Rating(s)	eggananista. Pistoria an		
None				(Check all that	apply)		(Check all th	at apply)		,	
Single-Engine Sea	☐ None					- 1	-	0' - 1 - P!-			
Multiengine Land	Single-Engine Land			,						_	elicopter
Multiengine Sea   Gyroplane   Helicopter   Powered Lift   Sport	Single-Engine Sea  Multiengine Land				ft			_			
Powered Lift   Student Endorsements (Include dates)   Instrument   Actual Simulated   Rotorcraft   Glider   Instruction   Student Endorsements (Include dates)   Student Endorsements (Include dates)   Instrument   Actual   Simulated   Rotorcraft   Glider   Instruction   Student Endorsements (Include dates)   Instrument   Actual   Simulated   Rotorcraft   Glider   Instruction   Student Endorsements (Include dates)   Instrument   Actual   Simulated   Rotorcraft   Glider   Instruction   Instruction   Instrument   Instrument   Actual   Simulated   Rotorcraft   Glider   Instruction   Instr							☐ Powered	Lift		Sport	
Student Endorsements (Include dates)   Instrument   Airplane   Single   Engine   Multiengine   Night   Actual   Simulated   Rotorcraft   Glider   Instrument   Student Endorsements (Include dates)   Instrument   Airplane   Multiengine   Night   Actual   Simulated   Rotorcraft   Glider   Instrument   Instrument   Instrument   Actual   Simulated   Rotorcraft   Glider   Instrument   Instrument   Instrument   Actual   Simulated   Rotorcraft   Glider   Instrument   Instrume											
Flight Time (Enter appropriate number of hours in each box)  Fotal Time  Fight Time (Enter appropriate number of hours in each box)  Fotal Time  Fight Time (Enter appropriate number of hours in each box)  Fotal Time  Fight Time (Enter appropriate number of hours in each box)  Fotal Time  Fight Time (Enter appropriate number of hours in each box)  Fight Time (Enter	C Detines	☐ Powered Lift					Student Er	ndorsement	s (Include	dates)	0 1
Flight Time (Enter appropriate number of hours in each box)  All Aircraft & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (PIC) (Sql.9) 246.3 468.2 120.1 34.7 28.2 95.2  Fine as Instructor (Butter appropriate & Model (PIC) (Sql.9) 246.3 468.2 120.1 34.7 28.2 95.2  Fine as Instructor (Butter appropriate & Multiengine Multiengine Multiengine Night Actual Simulated Rotorcraft Glider (Butter) (Butte	Type Ratings										
Flight Time (Enter appropriate Aurcraft & Model & Model & Single & Airplane Multiengine Night Actual Simulated Rotorcraft Glider Total Time (PIC)											
Flight Time (Enter appropriate number of hours in each box)  All Aircraft & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (PIC) (Sql.9 246.3 468.2 120.1 34.7 28.2 92.2 120.1 34.7 1											
Flight Time (Enter appropriate Aurcraft & Model & Model & Single & Multiengine Multiengine Night Actual Simulated Rotorcraft Glider Total Time (PIC) S91.9 246.3 468.2 120.1 34.7 28.2 95.2 Fine as Instructor 386.1 140.6 271.0 108.2 21.2 28.2 5.0 This Make/Model Last 90 Days 136.9 34.7 42.6 76.3 2.4 0 0											
Flight Time (Enter appropriate number of hours in each box)  All Aircraft & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (Butter appropriate & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider  Flotal Time (PIC) (Sql.9) 246.3 468.2 120.1 34.7 28.2 95.2  Fine as Instructor (Butter appropriate & Model (PIC) (Sql.9) 246.3 468.2 120.1 34.7 28.2 95.2  Fine as Instructor (Butter appropriate & Multiengine Multiengine Multiengine Night Actual Simulated Rotorcraft Glider (Butter) (Butte											
Aircraft & Model Engine Multiengine Night Actual Simulated Rotorcraft Glider Total Time	Elight Time (Enter communication	e 111	This Make		irnlane		Inst	rument			Lighte
Fotal Time 686.3 246.3 530.6 164.3 42.7 28.2 95.2 Pilot in Command (PIC) 591.9 246.3 468.2 120.1 34.7 28.2 92.2 Fime as Instructor 386.1 140.6 271.0 108.2 21.2 28.2 5.0 This Make/Model 24.3 6.2 75.0 ast 90 Days 136.9 34.7 42.6 76.3 2.4 0 0						Night	Actual	Simulated	Rotorcra	ft Glider	Than A
Pilot in Command (PIC)  Sql. q 246.3 468.2 120.1 34.7 28.2 92.2  Time as Instructor  This Make/Model  Last 90 Days  136.9 34.7 42.6 76.3 2.4 0 0				1	54.3	42.7	28.2	95.2			
Time as Instructor This Make/Model  Last 90 Days  136.9 34.7 42.6 76.3 2.4 0 0							1 28.2	92.2			
This Make/Model Last 90 Days  136.9 34.7 42.6 76.3 2.4 0 0											
ast 90 Days 136.9 34.7 42.6 76.3 2.4 0 0											
		12/ 9	34.7	42.6 7	6.3						
AUST JO 12475		100									
Last 24 Hours 0 0 0 0		70.1					_				

Crew Name and Add	iress						Seat Occupi	ed	Injury	
First Name:		City	y of Reside	ence:			O Left	O Front O Rear	O None	
Middle Initial:		Sta	te:		ZIP:		O Center O Right	O Minor O Serious		
Last Name:		Coi	Country:				O Augm	OUnknown	O Fatal O Unknown	
Pilot Certificate(s) (Check all that apply)							Restraint Ty	Inflatable		
None	□ None □ Flight Instructor □ Commercial □ US Military					4	Available O None	Restraints		
☐ Private ☐ Student	☐ Recreational ☐ Sport	☐ Airline Transport ☐ Foreign ☐ Flight Engineer				O Lap Only O 3-point	O Lap Only O 3-point O 4-point	☐ Not Installed ☐ Installed ☐ Not Deployed		
Type Rating/Endors	pe Rating/Endorsement for Total Flight Time at the Time						O 4-point O 5-point	☐ Deployed		
Accident/Incident A		s 🗆 No		Accident/Inc		hrs	OUnknown	O Unknown	Unknown	
Crew Name and Add	dress						Seat Occupio	ed	Injury	
First Name:		City	y of Reside	ence:	A-1 A-1-A-1-1		OLeft	O Front O Rear	ONone	
Middle Initial:		Sta	ite:		ZIP:	All State of the State of the	O Center O Right	O Single	O Minor O Serious	
Last Name:		Cou	untry:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		OUnknown	O Fatal O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Ty Available	pe: Used	Inflatable	
☐ None ☐ Private	☐ Flight Instructo ☐ Recreational		ommercial rline Trans	Sherrent at a second	Military		O None O None		Restraints  Not Installed	
Student	Sport		ight Engine	•	eign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed	
							<ul><li>□ Not Deployed</li><li>□ Deployed</li></ul>			
Type Rating/Endors	sement for		Total F	Elight Time a	t the Time	10 P	O 4-point	O 4-point		
Type Rating/Endors Accident/Incident A		s 🗆 No	and the state of the state of	Flight Time at Accident/Inci		hrs	O 4-point O 5-point O Unknown	O 5-point		
	ircraft? □Yes		of this	Accident/Inci	dent:		O 5-point O Unknown	O 5-point O Unknown	□ Deployed	
Accident/Incident A	ircraft? □Yes		of this	Accident/Inci	dent:		O 5-point O Unknown t if necessary)	O 5-point O Unknown	□ Deployed	
Accident/Incident A PASSENGER(S)  Name and Address	ircraft?	ONNEL	of this	Accident/Inci cabin crew; c Seat	dent: ontinue on se Injury	Restraint T	O 5-point O Unknown tif necessary)	O 5-point O Unknown Inflatable Restraints	Deployed Unknown  Age	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:	ircraft?	ONNEL	of this A	Accident/Inci	dent:ontinue on s	Restraint To Available ONone OLap Only	O 5-point O Unknown  if necessary)  ype  Used O None O Lap Only	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed	Deployed Unknown  Age Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:	ircraft?	ONNEL	of this A	Seat  OLeft OCenter ORight	ontinue on so Injury  O None O Minor O Serious	Restraint Ty  Available ONone OLap Only O3-point	O 5-point O Unknown  I if necessary)  ype  Used O None O Lap Only O 3-point	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed Not Deployed	Deployed Unknown  Age Under 5 years  If Under 5,	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:	ircraft?	ZIP:	of this A	Seat  OLeft OCenter	ontinue on so Injury ONone OMinor	Restraint Ty  Available ONone OLap Only O3-point O4-point	O 5-point O Unknown  if necessary)  ype  Used O None O Lap Only	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	Deployed Unknown  Age Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew	City: State: Country:	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row:	ontinue on secondary  O None O Minor O Serious O Fatal O Unknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used O S-point O Unknown  If necessary)  O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	Deployed Unknown  Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:	City: Country: _ OPassenger	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown	ontinue on so Injury  O None O Minor O Serious O Fatal	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only	Used O S-point O Unknown  If necessary)  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Installed Installed Installed	Deployed Unknown  Age  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:	City :   City :   Country: _   City :   Ci	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ontinue on secondary  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone	Used O S-point O Unknown  If necessary)  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	Not Installed   Deployed   Unknown   Not Installed   Installed   Unknown   Not Installed   Installed   Unknown   Not Installed   Not Deployed   Unknown   Not Installed   Not Deployed	Deployed Unknown  Age  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City :   City :   Country: _   City :   Ci	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point	Used O S-point O Unknown  If necessary)  Vec  Used O None O Lap Only O 3-point O 4-point O Unknown  Used O None O Lap Only O 3-point O Hap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point	O 5-point O Unknown  Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Deployed Deployed Unknown  Unknown Unknown	Deployed Unknown  Age  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:	City : State: Country: State: Country: State: Country: OPassenger	ZIP:	of this A	Accident/Incicabin crew; c  Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row:	ontinue on secondary  O None O Minor O Serious O Fatal O Unknown  O None O Minor O Serious O Fatal O Unknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-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 Unknown  Used O None O Lap Only O 1-point O Unknown  Used O None O Lap Only O 1-point	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown  Not Installed Deployed Unknown  Unknown	Deployed Unknown  Age  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown  Under 5 years  If Under 5, Ohild Restraint OLap-Held OUnknown	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Corew  Corew  First Name:  OCrew  First Name:	City : Country: State:	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row: OCenter ORight OUnknown	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point OHoknown  Available ONone OLap Only	ype  Used O None O Lap Only O 3-point O 4-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O Unknown	Inflatable Restraints    Not Installed   Installed   Deployed   Unknown     Not Installed   Installed   Installed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Installed   Installed   Unknown     Not Installed   Installed   Unknown     Not Installed   Install	Deployed Unknown  Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  OCrew	City : Country:   City : Country:   City :   C	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point ONone OLop Only O3-point O4-point O5-point OUnknown	ype  Used O None O Lap Only O 3-point O 4-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 5-point O 1000 O	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown  Not Deployed Unknown  Not Deployed Installed Installed Not Deployed Deployed Installed Not Deployed Deployed Installed Not Deployed Deployed Installed Not Deployed Installed	Deployed Unknown  Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:	City : State: Country: State: Country: OPassenger	ZIP:	of this A	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	ype  Used O None O Lap Only O 3-point O 4-point O Unknown  Used O None O Lap Only O 3-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 1-point	Inflatable Restraints    Not Installed   Installed   Deployed   Unknown     Not Deployed   Unknown     Not Deployed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Installed   Unknown     Not Deployed   Unknown     Not Deployed   Unknown   Unknown   Unknown     Not Deployed   Unknown   Unknown   Unknown     Not Deployed   Unknown   Unk	Deployed Unknown  Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:  OCrew  First Name:  Last Name:  Last Name:  Last Name:  Last Name:  Last Name:	City : Country: OPassenger	ZIP:	of this A (Include of ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available	ype  Used O None O Lap Only O 3-point O 4-point O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-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 Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown  Not Deployed Deployed Unknown  Not Deployed Deployed Deployed Deployed Unknown  Not Installed Deployed Deployed Unknown	□ Deployed □ Unknown  Age □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  OCrew  First Name:  Last Name:  OCrew  First Name:  OCrew  Crew  Corew  Corew  Corew  Corew	ircraft?	ZIP:	of this A (Include of ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown	ype  Used O None O Lap Only O 3-point O 4-point O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 1-point O	Inflatable Restraints    Not Installed   Installed   Deployed   Unknown     Not Deployed   Unknown     Not Deployed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Installed   Unknown     Not Deployed   Unknown     Not Deployed   Unknown   Unknown   Unknown     Not Deployed   Unknown   Unknown   Unknown     Not Deployed   Unknown   Unk	□ Deployed □ Unknown  Age □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years  If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Accident/Incident A PASSENGER(S)  Name and Address  First Name:  Middle Initial: Last Name:  Middle Initial: Last Name:  OCrew  First Name:	City : State: Country: OPassenger	ZIP:	of this A (Include of ther	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown  Available ONone OLap Only O3-point OUnknown	ype  Used O None O Lap Only O 3-point O 4-point O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown	Inflatable Restraints    Not Installed   Installed   Deployed   Unknown     Not Installed   Deployed   Deployed   Unknown     Not Installed   Installed   Deployed   Unknown     Not Installed   Installed   Unknown     Not Installed   Installed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Deployed   Unknown     Not Installed   Unknown   Unknown     Not Installed   Unknown   Unknown     Not Installed   Unknown   Unknown   Unknown     Not Installed   Unknown   U	Deployed Unknown  Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown	

FLIGHT ITINERARY I	MANAGER STREET, STREET							Maria Santa
Last Departure Point	Time	e of Departure	Destination	n			ht Plan Filed	
Airport ID:	Time		Airport ID:			None	O VF	
City:	Tune		City:	A DIT E LEGISLA		O Compan O Military	-	
State:	Time	Zone:	State:		I O to come	O VFR	VIK Com	alown.
Country:	e de la companya de l		Country:		ended programment in the subsection	Activated?	OYes ONo	OUnknow
Type of ATC Clearance/Ser	vice (Check all that	apply)						
□ None □	Special VFR IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisor	-	☐ Cruise ☐ Unknown / N	A
Airspace where the acciden	t/incident occurred	(Check all that	apply)				Altitude of In	-Flight
	Class G		itary Operations	,	Special		Occurrence:	
	Demo Area Warning Area		port Advisory A Training Area	rea	☐ Air Traffic Cont ☐ Unknown	rol Area	NA	ft msl
	Prohibited Area	TRS	-		Clikilowii			
haran - [1867] (1867) - 이 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 - 1867 -	Restricted Area	FAI	R 93					
WEATHER INFORMA	ATION AT THE	ACCIDEN	T/INCIDEN	T SITE				
Source of Pilot Weather Inf	formation			Weather Ol	servation Facility	Action to	State Section 4	1-
(Check all that apply)				Facility ID:	KDWH	nreas je raktini	THE PART OF THE PARTY	
National Weather Service	Com	•			ime: 11:53 F	M		
☐ Flight Service Station ☐ TV/Radio	☐ Milit				CENTRAL	.,		
Automated Report	None				Accident Site:	0	nm	
Commercial Weather Service	(DUATS) Unk	nown				170	nm	
On-Board Weather				Direction from	Accident Site:	170	_ degrees true	
Basic Conditions		Light Conditi		00	le Nicola	knowe		
ØVMC OIMC		ODawn ODay	ODusk ONight		k Night OUr ght Night	ıknown		
OUnknown		poay	ONight	Obn	Sin 111Bin			
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:	32.2	(C) or	(F)
	O Thin Broken	Mone (Clear)	0	Obscured				
에 가는 이 가는 그는 그들은 그들이 얼마를 만든 사람들은 사람들이 되었다. 그는 그는 그는 그는 그는 그를 모든 것이다.	O Thin Overcast	O Broken	0	Indefinite	Dew Point: 2	(0	c) or	(F)
세계는 실수하다 사람들이 가장 하나 있는데 그 사람이 되었다.	O Unknown	O Overcast	0	Unknown	Altimeter Sett	ing: 29.9	8 in Hg	
O Scattered		Ceiling Heigh				or		
Lowest Cloud Condition H	eignt ft agl	Cenning Heigh		ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	9	miles	
			Not Gustin					
☐ Variable	☐ Calm ☐ Light and Varia	ible	M Not Gusti	<i>'</i> 6	RVR		feet	
-or-	-or-		-or-		RVV	•	miles	
Direction: 2/0 degrees true	Speed: 6	kts	Speed:	kts	Density Altitu	de:	ft	
Intensity of Precipitation	Type of Precipit	ation (Check all t	hat apply)		Restriction to	Visibility (C	heck all that apply	)
OLight	None	☐ Drizzle	☐ Freezin		None			
O Moderate	Rain	☐ Ice Pellets	☐ Snow S		☐ Blowing Du☐ Blowing Sa		Ground Fog Haze	
OHeavy	Snow	☐ Snow Pellet☐ Snow Grain		ets Shower	☐ Blowing Sn		ce Fog	
&N/A OUnknown	☐ Hail ☐ Rain Showers	☐ Ice Crystals		5 Dilezzo	☐ Blowing Sp	ray 🔲 S	Smoke	
OUnknown	rum ononors				□ Dust	ים	Unknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type N/A		Type (Check a	II that apply)	Severity Light	
None N/A		O Trace	O Rime		Clear Air		■Moderate	
O Trace O Rime O Light O Clear		O Light	O Clear		☐ Terrain-Ind		Severe	
O Moderate O Mixed		O Moderate	O Mixe		Convective	Turbulence	☐ Extreme	
O Severe O Unknow	vn	O Severe O Unknown	O Unkr	iown				
OUnknown								
NOTAMs (D and FDC), A	AIRMETs, SIGN	IETs, PIREPS	in effect at	the time of t	he accident/inci	dent:		

Aircraft Da	mage	Aircraft Fire		Aircraft Explosi	on
O None O Minor	O Destroyed O Unknown	None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

NOSE CONE, LEFT AND Rightprops, NOSE GEAR Collapse.

## NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

SEE ATTACHED STATEMENT,

RECOMMENDATION (How	could this	accident/incident ha	ve been prevente	d?)			
Operator/Owner Safety Recomme	endation						
MECHANICAL MALFUN	ICTION/I	All URF (If mor	re snace is neede	d continue on ser	narate sheet)		
Was there Mechanical Malfunc		4	e space is neede	u, continue on se,	Jarato Silvetj	Total Tim	e/Cycles
(If yes, list the name of the part, many			scribe the failure.)			On Part	
Beaks Failure: T.	// 2 .						Hours
Brake Failure: Ful AIRCRAFT.	1 BRAK	E PRESSURE	Applied, u	UKICH Did N	OT SLOW/STOP		Cycles
PIRCEAFT.					, , , , , , , , , , , , , , , , , , , ,		Cycles
						Time Sinc	e This Part
						Inspected	Overhauled/
							Hours
FUEL & SERVICES INFO	ORMATI	ON					
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary)		Q 80/87	O 115/145	O Jet B	O Other, specify		
	Gallons	№ 100 Low Lead ○ 100/130	O Jet A O Jet A-1	O JP8 O Automotive	e		
Other Services, if Any, Prior to	Departure						
2 queros oil bet e	-						
19020011 221918	MAINE	*					
EVACUATION OF AIRC	RAFT			e yet en marge			
Was an emergency evacuation o	f the aircra	ft performed?	☐ Yes          N	О			
Method of Exit - Describe how the	he occupant	s exited and how ma	ny occupants evad	cuated each locatio	n		
EXITED MAIN DOOR	L. 2 F	reople					
		l					
OTHER AIRCRAFT - CO	ACIDI LIC	I (If air or around a	collision occurred	L complete this ea	etion for other pirami	41	
					D	nage to Oth	er Aircraft
		rer:				Destroyed	☐ Minor
	wiodel:				s	ubstantial	☐ None
Registered Owner of Other Airc	raft		Pilo	t of Other Aircra	ft		
Name:			Nan	ne:			
City: ZIP:			City	:	ZIP;		
Country:					ZIF;		
			1077770000	11/10 TO 11/			

ADDITIONAL INFO	PRMATIC	ON (Please type or print in ink)		
Use this space if additi	ional space	is needed for any answers.		
I HEREBY CERTIFY	Y THAT T	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE
Date of this Report	Name of	Pilot/Operator: FRIC SALWAS	/ Garrett Yount	
07.17.2020	Signatur	e /		
mm/dd/yyyy	- or -		document	
IC - Downer Other the				
		perator is Filing Report	Title	
		a electronically sign this document		
- or - UC	neck nere to	o electronically sign this document		
		FOR NTSB	T	
NTSB Accident/Incid		Reviewed by NTSB Regional Office Central Region	Name of Investigator T. Sorensen	Date Report Received 17 July 2020