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				<u></u>									
	nt/Incident Loc						10	cident/Incid	lont Doto/7	Fimo			
	City/Place: Anch				GL ()	ĸ							
ZIP: 99			ed states of am	erica			Da		<u>19/2020</u> 1/yyyy		cal Time:		
Latitude: 61* N Longitude: 149* W									Ti	me Zone: <u>/</u>	AKDT		
(Enter in decimal degrees or degrees:minutes:seconds)						Co	ollision with	Other Air	craft: C) Midair	OOn-groun	nd O None	
AIRC	RAFT INFO	RMATIO	N				<u>.</u>						
	ation Number:							🗖 IFR-Equip	ped and Ce	ertified			
0	acturer: <u>Cess</u> r							Commerci	1	ight			
Model:	180						Μ	laximum Gr	oss Weigh	t: 2550		lbs	
Serial N	Number: <u>3082</u>	9						eight at Tin	-				lbs
Year of	Manufacture:	1954					N	umber of Se	ats: 2		Flight Cre	w Seats:	
Amate	ir-Built: OYes	If Yes: (O Kit/Plans Mal	ke:				bin Crew Sea					
	⊙No	(Original Design					umber of Ei					
Category of AircraftType of Airworthiness Cer			ted d onal l Flight mental l Light-Spo mental Ligl	ht-Sport	Tricycle	at ap Retu n cy Fl	ractable	ki ki/Wheel	 Reci Turb Turb Turb Turb Turb Elect 	oo Jet oo Fan tric stem Type	OLiqui OSolid OHybr ONone OUnkn	id Rocket www.	
		□None				_		Date	Rated Pow		Total		Since:
Engine	Engine Manufa	cturer	Engine Model/Series			acturer's Number		of Mfg. mm/dd/yyyy	 Horsep Ibs of ' 		Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1	continental		o-520		816634	-R		06/12/99	265		1830		1431
Eng. 2													
Eng. 3													
Eng. 4				Propell	ar 1	OFixed F	Pitch		Pron	eller 7		Fixed Pitch	
Cast In O100-H OAAIP ⊙Annu	OCon	inuous Airwo ditional Inspec nown		Manufac	OControllable Pitch OGround Adjustable Manufacturer: McCauley Manufact				ıfacturer:	Controllable Pitch OGround Adjustable facturer:			
Date L	ast Inspection:			ELT Ins			No					Check all that	
mm/dd/yyyy Airframe Total Time: 5689 hours measured at (Select one) O Last Inspection Time of Accident/Incident Type of Maintenance Program (Select one) O Annual O Conditional (Amateur-built only) O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP)				If Yes: ELT Manufacturer: ACK Model or Part No.: E-04 TSO No.: OC91 (121.5 MHz) (OC126 (406 MHz) Was ELT still mounted in aircr Was ELT still connected to anto Did ELT Activate? OYes			Image: ADS-B Image: Angle of Attack Indicator Image: Autopilot Image: OPerson One Image: OPerson One						
O Conti	nuous Airworthin		(AAIP)	If activa	ited:			O V O	□Onh	ids Up Dis board Wea			
Descrip O None	;, specify: otion of Fire Ex e ^{ify:} Hand held/	0 0	System	Did ELT If not ac Indicate	ctivated:	Fire Dama	mag ge	e	⊡ Stal	l Warning	ing Device		
						□ Battery Ex □ Unknown	pire	d/Damaged					

OWNER/OPERATOR INFORM	ATION					
Registered Aircraft Owner		City: Girdwood				
Name: Lyle Sinnott-Simonis		State: AK ZIP: <u>99587</u>				
Fractional Ownership Aircraft: • Yes C) No	Country: USA				
Operator of Aircraft Same As Re	egistered Owner	Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Charact	er Code):	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) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) 	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight O Non-US, Commercial	431 435 O Non-Scheduled or Air Taxi O International				
 On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) 	O Non-US, Non-commercial OPublic Aircraft <i>(Select one)</i> O Armed Forces	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 ApplicationO FirefightingO UnknownO Aerial ObservationO Flight TestO Glider TowO Air DropO Glider TowO InstructionalO Air Race/ShowO InstructionalO Banner TowO Other Work UseO BusinessO PersonalO Executive/CorporateO Positioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
O Yes O No	O Yes ● No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: UNKN		Distance From Airport Center:sm				
Airport Identifier: N/A		Direction From Airport: degrees true				
Proximity to Airport: O Off Airport/Airstr	ip OOn Airport/Airstrip ON/A	Airport Elevation: 2200 ft. msl				
Runway Information Runway ID: (L/R/C) Length: 12 Runway/Landing Surface (Check all that Asphalt Grass/Turf Concrete Ø Gravel Dirt Ice	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				
Approach/Departure Segment (Select one	2)					
 Taxi OTakeoff OInitial Climb OVFR Departure OVFR Departure OIFR Departure Procession 	OOn Instrument Ap OLanding	proach 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)				
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCircling	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing				

"FLIGHT CREWMEMBER 1" INFORMATION										
 "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ● Pilot ● Co-Pilot ● Student Pilot ● Flight Instructor ● Check Pilot ● Flight Engineer ● Other Flight Crew 										
"Flight Crewmember 1" was	pilot flying	✓Yes □N	No			-		-		
"Flight Crewmember 1" Ider	ntification									
First Name: Lyle		City of Re	esidence: G	irdwood						
Middle Initial:		State: Ak			ZIP: 99587	,				
Last Name: Sinnott-Simon	is						^			
Age at time of A		ont: 22	Date of B	irth.	Country:		m/dd/yyyy			
Age at time of A	Accident/Inclue		-			m	m/aa/yyyy			
D (I)	0		ertificate Num							
Degree of Injury● None O Fatal	Seat Occup O Left	O Front	O Unknov		estraint T				Inflatable F	Restraints
O Minor O Unknown O Serious	O Right O Center	O Rear O Single	O Clikilov	WII	Available Used O None O None O Lap only O Lap only					
Pilot Certificate(s) (Check all	that apply)				O 3-poi	nt	O ³ -point	-	Not Dej	
□ None □ Flight In		Commercial	US M		 ● 4-poi ● 5-poi 		• 4-point • 5-point		□ Deploy □ Unknov	
 ✓ Private ☐ Recreati ☐ Student ☐ Sport 		Airline Transp Flight Enginee		n	O Unkn		OUnknov	vn		
Principal Occupation M	ledical Certifi	cate		Μ	ledical Cer	rtificate Va	lidity		Date of Las	t Medical
		Class 3				nitations/wai		nknown	08/2020	`
		Driver's Lice Unknown	ense (Sport Pilot		With limita Special Iss	tions/waivers	s ON	/A	06/2020 mm/dd/yy	
Medical Certificate Limitatio		J Olikilowi			p					
Alterieur eer tillente Elillitude										
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Fligh	t Review Airc	raft						
or Equivalent, Including		U	: Cessna							
FAR 121/135 Checks:	03/2020		I: 180							
$\mathbf{A}^{*} = \mathbf{b} = \mathbf{D} = (\mathbf{b} = \mathbf{c})$	mm/dd/yyyy Other Aircra			D d'	()	T	$\mathbf{D} = 1^{1} \cdots 1^{\mathbf{n}}$			
Airplane Rating(s) (Check all that apply)	(Check all that a	0,		ent Rating l that apply)	(s)	(Check all i	r Rating(s)			
□ None	□ None	PP*))	□ None	i indi appiy)		□ None	nui uppiy)	Г	Instrument	Airplane
✓ Single-Engine Land	Airship		Airpla			🗖 Airplan	e Single-Eng	ine 🗖	Instrument	
 Single-Engine Sea Multiengine Land 	□ Balloon □ Glider		☐ Helico ☐ Power				e Multi-Engi		Helicopter	
☐ Multiengine Sea	Gyroplane		D Power	ed Litt		Gyropla			Glider Sport	
_ 0	Helicopter								• ~ F	
T D (□ Powered Lif	t				<u><u>G</u>(1) (E</u>		4 7 1 1		
Type Ratings						Student E	Indorsemen	nts (Include	dates)	
Flight Time (Enter appropriate			Airplane			Inst	rument			
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengin		Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	637	152	637		0	3	3			
Pilot in Command (PIC)	583	147	583			3	3		1	
Time as Instructor										
This Make/Model										
Last 90 Days	42	35	42							
Last 30 Days	12	9	12							
Last 24 Hours										

"FLIGHT CREWME	MBER 2" INFO	RMATIC	N							
"Flight Crewmember 2" R OPilot OCo-Pilot	Responsibilities at th O Student Pilot	e Time of OFlight In		ident Check Pilot	t O Flig	ght Engineer	O Other H	Flight Crew		
"Flight Crewmember 2" w	as pilot flying 🛛 🗆	Yes 🗖	No							
"Flight Crewmember 2" Io	dentification									
First Name:					City of Re	esidence:				
Middle Initial:										
Middle Initial:										
	f Accident/Incident:								· · · · · · · · · · · · · · · · · · ·	
Age at time of	Accident/Incident.						/uu/yyyy			
Demos of Inform	Seet Oceanie		rtificate Numb							
Degree of Injury O None O Fatal	Seat Occupied OLeft	DFront	OUnknow		lestraint T				Inflatable R	lestraints
O Minor O Unknown O Serious	ORight OCenter	ORear OSingle		v11	Availab O Non O Lap	e	Used O None O Lap only	J	□ Not Inst □ Installec	
Pilot Certificate(s) (Check	all that apply)				O 2-po		O 3-point	,	🗖 Not Dep	oloyed
		mmercial	🗖 US Mi		O 4-po		O 4-point		□ Deploye □ Unknow	
□ Private □ Recre □ Student □ Sport		line Transpo ght Engineer		n	O 5-po O Unk		O 5-point O Unknow	/n		/11
□ Student □ Sport		gnt Engineer	L		•		•			
Principal Occupation	Medical Certificat	e		Μ	Iedical Ce	ertificate Val	lidity]	Date of Las	t Medical
O Pilot		lass 3				imitations/waiv		nknown		
O Other		river's Liceı Inknown	nse (Sport Pilot		With limit Special Is	tations/waivers	5 O N	/A		
O Unknown		likilowii			special is	suance				<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Medical Certificate Limita	tuons									
Medical Certificate Specia	IIssuanco									
Medical Certificate Specia	ii issuance									
Date of Last Flight Review or Equivalent, Including	7	Flight	Review Airc	raft						
FAR 121/135 Checks:		Make:								
-	mm/dd/yyyy	Model	:							
Airplane Rating(s)	Other Aircraft H	0,	Instrum	ent Rating	g(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that app	ly)	· · · · · · · · · · · · · · · · · · ·	that apply)		(Check all th	at apply)			
□ None	□ None		None			□ None	a: 1 E :		Instrument A	irplane
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airplan			Airplane Airplane			Instrument H Helicopter	elicopter
Multiengine Land						Gyroplan			Glider	
☐ Multiengine Sea	Gyroplane					D Powered			Sport	
	 ☐ Helicopter ☐ Powered Lift 									
Type Ratings						Student Fr	ndorsement	ts (Include d	ates)	
Type Ratings						Student El	iuoi sement	is (include d	uics)	
Flight Time (Enter appropri	ata		Airplane			Inst	rument			
number of hours in each box)		Fhis Make & Model	Single Engine	Airplane Multiengir		t Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			8							
Pilot in Command (PIC)									1	
Time as Instructor									1	
This Make/Model										
Last 90 Days										
Last 30 Days									1	
Last 24 Hours									1	
	1			I	1		1	1	1	1

		<u>BERS (</u>	Exclusive	e of cabin cr	ew, complete	e the followin	g information)		
Crew Name and Addr	:ess						Seat Occupie	d	Injury
Middle Initial:		State	e:		ZIP:		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/Endorser Accident/Incident Air	Flight Instructor Recreational Sport ment for	□ Airl		oort DFor er light Time at		hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	De: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Crew Name and Addr	°ess						Seat Occupie	d	Injury
Middle Initial:		State	e:		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) (C	Flight Instructor Recreational Sport ment for craft? Yes	Airl Airl D Flig	of this A	oort	-	hrs	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	ve: Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
PASSENGER(S)				h la anour a	- 41 A.P. A.	a subta a baa	()f		
	STILL FERSON	NNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	Inflatable	
Name and Address		NNEL (I	Include c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T		Inflatable Restraints	Age
	City : <u>Anchora</u> State: <u>AK</u> Z	ige (IP: <u>9950)</u>	7			Restraint T Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point		Under 5 years
Name and Address First Name: <u>kyce</u> Middle Initial: Last Name: <u>Malnereck</u>	City : <u>Anchora</u> State: <u>AK</u> Z Country: <u>USA</u> ●Passenger City : State: Z	0 21P: <u>9950</u> O Ot 21P:	7 her	Seat OLeft OCenter ØRight OUnknown	 ● None ○ Minor ○ Serious ○ Fatal 	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point	Yype Used ○ None ○ Lap Only ○ 3-point ○ 4-point ○ 5-point ○ Unknown Used ○ None	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years I If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years
Name and Address First Name: kyce Middle Initial: Last Name: Malnereck OCrew First Name: Middle Initial: Last Name:	City : <u>Anchora</u> State: <u>AK</u> Z Country: <u>USA</u> OPassenger City : City : Country: OPassenger City : City :	CIP:	7 her her	Seat OLeft OCenter ØRight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 3-point 0 Unknown Used 0 None Lap Only 3-point 0 5-point 0 5-point	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed Doployed Deployed	□ 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

FLIGHT ITINERARY I	NFORMATION	١							
Last Departure Point	Tim	e of Departure	Destinatio	on		Type Fligh	t Plan F	filed	
Airport ID: AQY	T.	7:00	Airport ID:	PAMR		• None		O VFR/IFR	
City: Girdwood	1 ime	7:00	City: Anch	norage		O Company O Military		O IFR O Unknown	
State: AK	Time	Zone: AKDS	State: AK			O VFR	VIK	Clikilowi	
Country: USA			Country: U	SA		Activated?	OYes	O No O Unknown	
Type of ATC Clearance/Serv	vice (Check all that a	apply)							
	Special VFR IFR	— 1	cial IFR R On Top		 VFR Flight Follo Traffic Advisory 	0	Cruis	se nown / NA	
Airspace where the accident	/incident occurred						Altitu	de of In-Flight	
□ Class A □ □ Class B □ □ Class C □ □ Class D □ □ □ Class D □ □ □ □ □ Class D □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐ Aiŋ ☐ Jet 7 ☐ TRS			☐ Special ☐ Air Traffic Contr ☐ Unknown	ol Area		rence:		
Class E	Restricted Area	🗖 FAI	R 93						
WEATHER INFORMA	TION AT THE		T/INCIDEN	T SITE					
Source of Pilot Weather Info	ormation			Weather Ob	servation Facility				
(Check all that apply)				Facility ID:					
National Weather Service Flight Service Station	□ Com □ Milit			Observation Ti	me:				
TV/Radio	✓ Inter	net							
 Automated Report Commercial Weather Service 	(DUATS) □ None				Accident Site:				
On-Board Weather		lowii		Direction from	Accident Site:		_ degrees	true	
Basic Conditions		Light Conditi	on						
O VMC O IMC O Unknown		ODawn ⊙Day	ODusk ONight	ODark OBrig	k Night O Un ht Night	known			
Sky/Lowest Cloud Condition	•	Ceiling			T		(0)	(E)	
-	Thin Broken	O None (Clear)	0	Obscured	Temperature:				
O Few C	Thin Overcast	O Broken O Indefinite			Dew Point:	Dew Point: (C) or(F)			
O Partial Obscuration C O Scattered	Unknown	• Overcast	0	Unknown	Altimeter Setting: in. Hg				
Lowest Cloud Condition He	ight	Ceiling Height				or	ME	3	
8000	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	∠ Calm		Not Gustir	ıg	DVD				
	Light and Varia	ble	_	-					
-or-	-or- Speed:	kts	-or- Speed: unkn	kts		:	miles	0	
Direction:degrees true	1			KIS	Density Altitud			_ft	
Intensity of Precipitation OLight	Type of Precipita ☑ None	Drizzle	hat apply)	- D - in	Restriction to			hat apply)	
O Light O Moderate	\square Rain	□ Drizzle □ Ice Pellets	\Box Snow S		Blowing Du	st 🗖 🤇	Ground Fo	og	
OHeavy	□ Snow	□ Snow Pellet			Blowing Sa		laze		
O N/A ⊙Unknown	 Hail Rain Showers 	□ Snow Grain □ Ice Crystals		g Drizzle	□ Blowing Sn □ Blowing Spi		ce Fog Smoke		
Clinkilowii					Dust		Jnknown		
Icing Forecast		Icing Actual			Turbulence				
AmountTypeO NoneO N/A		Amount	Type O N/A		Type (Check al	ll that apply)		verity Light	
None O N/A O Trace O Rime		 None Trace 	O Rime		✓ None Clear Air			Moderate	
O Light O Clear		O Light	O Clear		Terrain-Indu			Severe	
O Moderate O Mixed O Severe O Unknow	n	O Moderate O Severe	O Mixe O Unkr			l'urbulence		Extreme	
OUnknown		OUnknown	• • • • •						
NOTAMs (D and FDC), A	IRMETs. SIGN	IETs. PIREPS	s in effect at	the time of th	he accident/incid	lent:			
			, in circu at	time of th	acciacity inter	~~!!			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None

O Minor

Substantial
 Destroyed

O Unknown

Aircraft Fire

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

O On-Ground

Minor wing damage, prop strike, one bent wing strut

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.

Landing to south on slight incline runway, landed aircraft, taxi with speed to turnaround point (for departure in opposite direction) applied brakes, tail came up/rose, could not get tail down and aircraft nosed over.

RECOMMENDATION (How	could this	accident/incident h	ave been prev	vented?)				-
Operator/Owner Safety Recomme	endation							
suttle or slower brake actuation	n							
MECHANICAL MALFUN	CTION/			and an	ntinuo on concu	ete cheet)		
Was there Mechanical Malfunct			-	eeueu, co	nanue on sepai	ate sneet)	Total Tim	e/Cvcles
(If yes, list the name of the part, manuf				re.)			On Part	
								Hours
								Cycles
							Time Sinc	e This Part
								Overhauled
								Hours
								1104115
FUEL & SERVICES INFO	ORMATI	ON						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		 ○ 80/87 ○ 100 Low Lead 	O 115/145 O Jet A		O Jet B O JP8	O Other, speci	fy	
30	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRCI	RAFT							
Was an emergency evacuation o	f the aircra	aft performed?	□ Yes	🗹 No				
Method of Exit – Describe how the	he occupan	ts exited and how ma	any occupants	s evacuate	d each location			
Normal exit, one person throug	gh each do	or						
OTHER AIRCRAFT - CO	DLLISIO	(If air or ground	collision occ	urred, co	mplete this sect	ion for other ai		
		ırer:					Damage to Othe Destroyed	er Aircraft
							☐ Substantial	□ None
Registered Owner of Other Airc					Other Aircraft			
Name:								
City:ZIP:ZIP:				State:		_ZIP:		
Country:		· · · · · · · · · · · · · · · · · · ·		Country				

ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY	THAT THE ABOVE INFO	ORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
Date of this Report	Name of Pilot/Operator: _	Lyle Sinnott-Simonis

-		•							
07/25/2020	Signature:								
mm/dd/yyyy	or Check here to electronically sign this document								
If a Person Other than Pilot/Operator is Filing Report									
Name: Title:									
Signature:									
or C	heck here to e	electronically sign this document							
FOR NTSB USE ONLY									
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received					
WPR20CA233		WPR	Eric M. Gutierrez	8/4/2020					