

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

Accident/Incident Location

Nearest City/Place: Benbrook State: TX
 ZIP: 76126 Country: USA
 Latitude: N42°43'19" Longitude: W97°32'14"
(Enter in decimal degrees or degrees minutes seconds)

Accident/Incident Date/Time

Date: 02/12/2020 Local Time: 1527
mm/dd/yyyy Time Zone: CDST

Collision with Other Aircraft: Midair On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N654CE

Manufacturer: Cessna

Model: 560 Encore

Serial Number: 5600654

Year of Manufacture: 2004

Amateur-Built: ☒ Yes ☐ If Yes Kit/Plans Make: N/A
☒ Original Design

☒ **FR-Equipped and Certified**
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: 16,630 lbs

Weight at Time of Accident/Incident: 14,725 lbs

Number of Seats: 11 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 9

Number of Engines: 2

Category of Aircraft

☒ Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard **Special**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
☒ Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear

(Check all that apply)

Retractable
☒ Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type *(Select one)*

Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
☒ Turbo Fan Unknown
 Electric

Fuel System Type *(Reciprocating)*

Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng 1	Pratt & Whitney	PW535A	PCE-DC0244		3,400	3,666.3	153.6	
Eng 2	Pratt & Whitney	PW535A	PCE-DB0243		3,400	3,666.3	153.6	
Eng 3								
Eng 4								

Last Inspection Type

100-Hour Continuous Airworthiness
☒ AAIP Conditional Inspection
 Annual Unknown

Date Last Inspection: 12/17/2019

mm/dd/yyyy

Airframe Total Time: 3,666.3 hrs

hours measured at *(Select one)*

Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program *(Select one)*

Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
☒ Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

Description of Fire Extinguishing System

None
 Specify: 2 handheld exinguishers in cabin and 2 HALON bottles for engine compartments.

Propeller 1

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: N/A

Model: _____

Propeller 2

Fixed Pitch
 Controllable Pitch
 Ground Adjustable

Manufacturer: N/A

Model: _____

ELT Installed: ☒ Yes ☐ No

If Yes

ELT Manufacturer: ARtex 406

Model or Part No.: 435-5000-999

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? Yes ☒ No

If activated

Did ELT Aid in Locating Aircraft? Yes ☐ No

If not activated

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment *(Check all that apply)*

☒ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☐ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: SC COLE AVIATION LLCCity: MIDLANDState: TXZIP: 79710-0076Fractional Ownership Aircraft: Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- ☐ 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)
- ☐ 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

Regulation Flight Conducted Under

- ☐ FAR 91 FAR 129 FAR 415
- ☐ FAR 103 FAR 133 FAR 431
- ☐ FAR 121 FAR 135 FAR 435
- ☐ FAR 125 FAR 137 FAR 437

☐ FAR 91 Special Flight

☐ Non-US, Commercial

☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

☐ Armed Forces

☐ Federal

☐ State

☐ Local

☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

☐ Scheduled or Commuter Domestic

☐ Non-Scheduled or Air Taxi International

☐ Passenger

☐ Cargo

☐ Mail Contract Only

N/A

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

☐ Aerial Application Firefighting Unknown

☐ Aerial Observation Flight Test

☐ Air Drop Glider Tow

☐ Air Race/Show Instructional

☐ Banner Tow Other Work Use

☐ Business Personal

☒ Executive/Corporate Positioning

☐ External Load Skydiving

☐ Ferry

Revenue Sightseeing FlightYes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

Asphalt Grass/Turf Macadam Water

Concrete Gravel Metal/Wood

Dirt Ice Snow Unknown

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)

Taxi VFR Departure On Instrument Approach Downwind Low Approach

Takeoff IFR Departure Procedure/Clearance Landing Base Go Around

Initial Climb Final Aborted Landing (after touchdown)

 Crosswind Unknown

IFR Approach (Check all that apply)

None

ADF/NDB PAR MLS Practice

SDF Sidestep LDA GPS

VOR/TVOR ILS ASR

VOR/DME Localizer Only Visual

TACAN LOC-back course Contact

 RNAV Circling

 Unknown

VFR Approach (Check all that apply)

None

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

"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 ☐ No

"Flight Crewmember 1" Identification

First Name: Sean City of Residence: Lubbock
 Middle Initial: A State: TX ZIP: 79416
 Last Name: Delago Country: USA
 Age at time of Accident/Incident: 33 Date of Birth: mm/dd/yyyy
 Certificate Number:

Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	Available	Used	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only	<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
Available	Used																
<input type="checkbox"/> None	<input type="checkbox"/> None																
<input type="checkbox"/> Lap only	<input type="checkbox"/> Lap only																
<input type="checkbox"/> 3-point	<input type="checkbox"/> 3-point																
<input type="checkbox"/> 4-point	<input type="checkbox"/> 4-point																
<input type="checkbox"/> 5-point	<input type="checkbox"/> 5-point																
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown															
Principal Occupation <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A <input type="checkbox"/> Special Issuance		Date of Last Medical <u>08/29/2019</u> mm/dd/yyyy														

Medical Certificate Limitations

N/A

Medical Certificate Special Issuance

N/A

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>06/14/2019</u> mm/dd/yyyy	Flight Review Aircraft Make: <u>Cessna</u> Model: <u>560</u>
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Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings

Be-30, Ce-500, Ce-560XL, Ce650, CI-30, Da-50, and LRjet. Ce650 and CI-30 are SIC only

Student Endorsements (Include dates)

Flight Time (Enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time	6,151	753	2,017	4,140	548	287	27			
Pilot in Command (PIC)	5,870	693	1,958	3,912	516					
Time as Instructor	799	40								
This Make/Model										
Last 90 Days	103	33	5	98	20	12				
Last 30 Days	42	13	5	37	3	6				
Last 24 Hours	4			4	2					

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious	Seat Occupied Left Front Unknown Right Rear Center Single	Restraint Type <table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap only	Lap only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Available	Used																
None	None																
Lap only	Lap only																
3-point	3-point																
4-point	4-point																
5-point	5-point																
Unknown	Unknown																
Pilot Certificate(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer					
None	Flight Instructor	Commercial	US Military														
Private	Recreational	Airline Transport	Foreign														
Student	Sport	Flight Engineer															
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy														

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table>	None	Instrument Airplane	Airplane Single-Engine	Instrument Helicopter	Airplane Multi-Engine	Helicopter	Gyroplane	Glider	Powered Lift	Sport
None	Instrument Airplane												
Airplane Single-Engine	Instrument Helicopter												
Airplane Multi-Engine	Helicopter												
Gyroplane	Glider												
Powered Lift	Sport												

Type Ratings

Student Endorsements *(Include dates)*

Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>None Private Student</div> <div>Flight Instructor Recreational Sport</div> <div>Commercial Airline Transport Flight Engineer</div> <div>US Military Foreign</div> </div>					Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> Used None Lap Only 3-point 4-point 5-point Unknown </div> </div>		Inflatable Restraints None Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Front Center Rear Right Single Unknown		None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div>None Private Student</div> <div>Flight Instructor Recreational Sport</div> <div>Commercial Airline Transport Flight Engineer</div> <div>US Military Foreign</div> </div>					Restraint Type: <div style="display: flex;"> <div style="flex: 1;"> Available None Lap Only 3-point 4-point 5-point Unknown </div> <div style="flex: 1;"> Used None Lap Only 3-point 4-point 5-point Unknown </div> </div>		Inflatable Restraints None Installed Installed Not Deployed Deployed Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: <u>Ricky</u> City: <u>Midland</u> Middle Initial: <u>W</u> State: <u>TX</u> ZIP: <u>79707</u> Last Name: <u>Patterson</u> Country: <u>USA</u> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Crew <u>Passenger</u> Other </div>			Left Center Right Unknown Row: <u>2</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Lap Only <input checked="" type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<u>62</u> Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Crew Passenger Other </div>			Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown	<input type="checkbox"/> Lap Only <input type="checkbox"/> 3-point <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KDAL</u> City: <u>Dallas</u> State: <u>TX</u> Country: <u>USA</u>	Time of Departure Time: <u>1517</u> Time Zone: <u>CDST</u>	Destination Airport ID: <u>KMAF</u> City: <u>Midland</u> State: <u>TX</u> Country: <u>USA</u>	Type Flight Plan Filed None <input type="checkbox"/> VFR/IFR Company VFR <input type="checkbox"/> IFR Military VFR <input type="checkbox"/> Unknown VFR <input type="checkbox"/> Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply)

None ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA

Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Occurrence: 22,500 ft msl
☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area
☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown
☐ Class D ☐ Prohibited Area ☐ TRSA
☐ Class E ☐ Restricted Area ☐ FAR 93

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information

(Check all that apply)

National Weather Service ☐ Company
Flight Service Station ☐ Military
TV/Radio ☐ Internet
☐ Automated Report ☐ None
Commercial Weather Service (DUATS) ☐ Unknown
On-Board Weather

Weather Observation Facility

Facility ID: KFTW
Observation Time: 1453
Time Zone: CDST
Distance from Accident Site: 9 nm
Direction from Accident Site: 215 degrees true

Basic Conditions

☐ VMC
☐ IMC
Unknown

Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown
☐ Day ☐ Night ☐ Bright Night

Sky/Lowest Cloud Condition

Clear ☐ Thin Broken
Few ☐ Thin Overcast
Partial Obscuration ☐ Unknown
Scattered

Lowest Cloud Condition Height

 ft agl

Ceiling

None (Clear) ☐ Obscured
Broken ☐ Indefinite
☐ Overcast ☐ Unknown

Ceiling Height

1,200 ft agl

Temperature: 7 (C) or (F)

Dew Point: 5 (C) or (F)

Altimeter Setting: 29.83 in. Hg
or MB

Wind Direction

Variable

-or-

Direction: 326 degrees true

Wind Speed

Calm
Light and Variable

-or-

Speed: 7 kts

Wind Gusts

☐ Not Gusting

-or-

Speed: kts

Visibility 10 miles

RVR: feet

RVV: miles

Density Altitude: 21 ft

Intensity of Precipitation

Light ☐
Moderate ☐
Heavy ☐
☐ N/A
Unknown

Type of Precipitation (Check all that apply)

☐ None ☐ Drizzle ☐ Freezing Rain
☐ Rain ☐ Ice Pellets ☐ Snow Shower
☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower
☐ Hail ☐ Snow Grains ☐ Freezing Drizzle
☐ Rain Showers ☐ Ice Crystals

Restriction to Visibility (Check all that apply)

None ☐ Fog
Blowing Dust ☐ Ground Fog
Blowing Sand ☐ Haze
Blowing Snow ☐ Ice Fog
Blowing Spray ☐ Smoke
Dust ☐ Unknown

Icing Forecast

Amount Type
☐ None ☐ N/A
Trace ☐ Rime
Light ☐ Clear
Moderate ☐ Mixed
Severe ☐ Unknown
Unknown

Icing Actual

Amount Type
☐ None ☐ N/A
Trace ☐ Rime
Light ☐ Clear
Moderate ☐ Mixed
Severe ☐ Unknown
Unknown

Turbulence

Type (Check all that apply) Severity
☐ None ☐ Light
Clear Air ☐ Moderate
Terrain-Induced ☐ Severe
Convective Turbulence ☐ Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

METAR KFTW 122053Z 30007KT 10SM OVC012 07/05 A2983

RMK AO2

SLP103 60001 T00720050 56019=

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None Substantial
Minor Destroyed
☐ Unknown

Aircraft Fire

☐ None Both Ground and In-Flight
In-Flight Fire at Unknown Time
On-Ground Unknown

Aircraft Explosion

☐ None Both Ground and In-Flight
In-Flight Explosion at Unknown Time
On-Ground Unknown

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

The top and bottom cowling from the number 2 engine separated in flight and were missing on inspection. Part of one of them had struck the right horizontal stabilizer and the vertical stabilizer. Said part was still wrapped around the inboard section of the right horizontal stabilizer. There was also substantial damage to the fillet between the leading edge of the vertical stabilizer and the top of the empennage.

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 location, services obtained, and intended destination. Provide as much detail as possible.

On 02/12/2020 I flew N654CE with the owner Ricky Patterson from Dallas to Midland. We departed KDAL at 1517 local. We flew the sunset 4 departure, DosXX transition from runway 31R. The weather on departure was reported as METAR KDAL 122053Z 28010KT 10SM FEW012 BKN014 OVC019 09/06 A2983 RMK AO2 SLP100 60001 T00890056 55020=.

After passing ARILE we were cleared direct to RBBIT. About 1527 local time I was 15 nautical miles before RBBIT I was climbing through FL225 for FL380 when I noticed a loud crashing noise followed by a turbulent air sound similar to flying with the gear down.

At the time of the crashing noise I had the auto pilot engaged and set to LNAV/FMS1 and VS set to 1,500 fpm for climbing. The power was set to the climb N1 setting as given by the N1 computer and VMC prevailed at my altitude. I reacted by disconnecting the autopilot and announcing to Ft Worth Center that we had an issue and that needed to descend. I began to slow the plane to 170 knots. Center gave me a descent to FL240, then to 17 thousand, and then to 11 thousand. The cabin pressurization indicated a normal differential and the cabin altitude was just above departure airport elevation. There were no master caution or master warnings on the annunciators panel. I then announced to center that we were not declaring an emergency but needed to work a problem and asked for the current ceilings at KFTW and KDTO. I assumed we had an issue with the landing gear based on the sound of the air around the cabin. I told my passenger that I suspected something was broken and I planned to fly near a towered airport to have a visual inspection of the landing gear. The weather in the area was overcast around 1,000 AGL so I decided to continue the course west and use KABI or KSPS to look at my gear. They would have emergency services if we needed it. Once at 11 thousand feet I slowed the airplane further, cycled the landing gear, cycled the flaps, and moved the flight controls. Everything checked normal except that the turbulent air sound got worse with rudder movement. I decided that the gear was fine. I told my passenger that I suspected something was wrong with the tail and that I had no master warning or master cautions on the annunciator panel. I picked the closest airport with a paved runway greater than 5,000 feet and told my passenger we would divert. I am familiar with the area and could see it was VMC at KMWL. I told center that we would be leaving frequency to check the weather. When I came back to center I told them I planned to divert, I told them our fuel, and number souls on board. I began a shallow bank descending turn toward KMWL and entered 45 degrees to a wide left down wind for runway 31. Center gave me a telephone number to call to announce that we were on the ground. Just before entering the downwind I canceled IFR and told them I would keep my transponder code until landing. I flew a long downwind and left base to make about a 4 mile final for runway 31. The plane flew normally and the flight controls felt fine. We made an uneventful landing at 1545 local and taxied to the FBO. I shut down according to normal procedures and visually checked the plane. I noticed the top and bottom cowling from the number 2 engine were missing and part of one of them had struck the right horizontal stabilizer along with the vertical stabilizer. That part was still wrapped around the inboard section of the right horizontal stabilizer. There was also substantial damage to the fillet between the leading edge of the vertical stabilizer and the top of the empennage. I called Ft Worth Center to tell them we were on the ground safely. My passenger and I then spoke with FBO personnel to see if we could arrange for the plane to be hangared.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

We are unsure what caused the malfunction and therefore dont make any reccomendations for resolution.

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

STARBOARD UPPER COWL: 6552630-8

STARBOARD LOWER COWL: 6552650-10

**Total Time/Cycles
On Part**

3,666.3 Hours

Cycles

**Time Since This Part
Inspected/Overhauled**

Unknown Hours

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**
(Convert from pounds, as necessary)

730

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead ☐ Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

We took one bag of ice, newspapers, and used the vaccum at the FBO.

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Pilot and passenger exited normally through cabin door.

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**Aircraft Registration Number**

N/A

Manufacturer: _____**Model:** _____**Damage to Other Aircraft**

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: N/A

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: N/A

City: _____

State: _____ ZIP: _____

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 INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

02/21/2020

mm/dd/yyyy

Name of Pilot/Operator: Sean Delago/ SC COLE Aviation LLC

Signature: _____

-- or --



Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.
CEN20LA082

Reviewed by NTSB Regional Office
CEN - Central Regional Office

Name of Investigator
Michael J. Hodges

Date Report Received
02/21/2020