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

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

	C INFORMA	TION										
Accide	nt/Incident Loc	ation				Δ	Accident/Incid	lent Date/T	'ime			
Nearest (City/Place: Valle	y Center			_ State: K	(s	Date:10/2	22/2016	Lo	cai Time: _	11:45	-
ZIP: <u>67</u>	<u>147 </u>	Country: US	٩				mm/de					***************************************
Latitude:	37:50:58.43	.	Longitude: 97:2	1:04.64					Ti	me Zone: _	Central	
٠	(Enter in decima	l degrees or a	legrees:minutes:se	conds)			Collision with	Other Airc	eraft: C) Midair	⊙ On-groun	d ONone
AIRC	RAFT INFO	RMATIO	N									
	ation Number:						☐ IFR-Equip ☐ Commerci			•		
Manufa	acturer: <u>Fairch</u>	ild	· 				Unmanned Aircraft					
Model:	M62A-3 PY-2	26	4]	Maximum Gr	oss Weight	t: <u>2800</u>		lbs	
Serial N	Number: <u>T43-4</u>	456				,	Weight at Tin	ie of Accid	ent/Inci	dent: <u>24</u> 5	50	lbs
Year of	Year of Manufacture: 12/11/1943					4 0 1	Number of Se	ats: 2		Flight Cre	ew Seats: 1	
Amateı	Amateur-Built: OYes If Yes. OKit/Plans			ke:			Cabin Crew Sea					
] 1	Number of En	gines: 1					
Catego	ry of Aircraft		irworthiness Co	ertificate		Landing Gear		, i	Engine	Type (Se	elect one)	
Airplane (Check all that apply) Standard Space					(Check all that			Reci	procating	O Liqui	d Rocket	
OBalloon Standard Specia OBlimp/Dirigible ☑Normal ☐Restu				ted		-	etractable		O Turb O Turb	o Shaft	O Solid	Rocket d Rocket
						Tricycle	₽T.	ailwheel	O Turb		ONone	
	OGyroplane ☐ Balloon ☐ Prov					Amphibian 🔲		igh Skid	O Turb	o Fan	OUnkn	own
OHelic OPowe	*	☐ Comm ☐ Transi				☐ Emergency ☐ Float	Float Si		O Elect	tric		
ORock		Utility		l Light-Spo	rt	Hull		ki/Wheel	Fuel Cu	otom Trmo	(Reciprocati))
OUitral			☐ Experi	mental Ligi	ht-Sport	CT Other Laun	ch/Recovery Sys		⊙ Carb		O Fuel-	•
O Unkn	own		of Authorization	or Waiver	(COA)		• •		Caro	ui ctoi	O I-tiel-	injected
		None	<u> </u>	Unknown		, None		nknown		Im	T	
			Engine			acturer's	Date of Mfg.	Rated Power	ower or		Inspection	Since: Overhaul
Engine Eng. 1	Engine Manufa Ranger	cturer	Model/Series 6-440C-5		Serial I R00763	Number c	mm/dd/yyyy	O lbs of 7	Thrust	(hours)	(hours)	(hours)
Eng. 2	ranger	·	0-4400-3		K00763	0	Unkown	200		1504.4	31.6	877.5
										<u> </u>	1	
Eng. 3					-							
Eng. 3 Eng. 4												
Eng. 4	aspection Type			Propell	er 1	⊙ Fixed Pitc		Prope	ller 2		Fixed Pitch	
Eng. 4 Last In	aspection Type	innous Airwe	orthiness	Propell	er 1	OControllal	ble Pitch	Prope	ller 2	Ō	Controllable l	
Eng. 4 Last In O100-H O AAIP	our OCont	inuous Airwo		_	•	OControllal OGround A	ble Pitch	-		00		
Eng. 4 Last Int O100-H	our OCont	litional Inspe		Manufac	eturer: S	OControlle OGround A Sensenich	ble Pitch	Manu	facturer: _	00	Controllable l	
Last In O100-H O AAIP O Annua	our OCont	litional Inspe- nown 02/10/2	016	Manufac Model:	turer: _S	OControllai OGround A Sensenich -61	ble Pitch djustable	Manu Mode	facturer: _	0	Controllable I Ground Adjus	stable
Eng. 4 Last Int O100-H O AAIP O Annue Date La	our OCont OCont ai OUnkt ast Inspection:	litional Insper nown 02/10/2 mm/dd/yy	016 277	Manufac Model: _ ELT In:	turer: _S	OControlle OGround A Sensenich	ble Pitch djustable	Manu Mode	facturer: _ l: nal Equ	0	Controllable l	stable
Eng. 4 Last Int O100-H O AAIP O Annua Date La	our OCont OCont ai OUnki ast Inspection: ne Total Time:	litional Insper nown 02/10/2 mm/dd/yy 1472.8	016	Manufac Model: _ ELT In: If Yes:	oturer: <u>S</u> W86RA stalled:	OControllar OGround A Sensenich -61 OYes ON	ble Pitch djustable	Manu Mode Additio □ ADS	facturer: _ l: nal Equ S-B rame Para	ipment (Controllable I Ground Adjus Check all than	stable
Eng. 4 Last In O100-H O AAIP O Annua Date La Airfran hour	our OCont OCont ai OUnkt ast Inspection:	litional Inspe- nown 02/10/2 mm/dd/yy 1472.8 elect one)	016 277	Manufac Model: ELT In: If Yes: ELT Ma Model or	oturer: <u>S</u> W86RA stalled: nufactur	OControlled OGround A Sensenich -61 OYes ON er: Emergency : EBC-10A	ble Pitch djustable o Beacon Co	Manu Mode Additio ADS AIS	facturer: _ l: nal Equ S-B rame Para le of Atta	ipment (Controllable I Ground Adjus Check all than	stable
Eng. 4 Last Int O100-H- O AAIP O Annua Date La Airfran hour	our OCont OCont al OUnker ast Inspection: ne Total Time: rs measured at (S ast Inspection	ditional Inspections 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A	O16 Dyy hrs ccident/Incident	Manufac Model: ELT In: If Yes: ELT Ma Model or	www.stalled: nufactur Part No	OControlled OGround A Sensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC	ble Pitch djustable o Beacon Co	Manu Mode Additio ADS Airfi Ang Aute	facturer: _ l: nal Equ S-B rame Para le of Atta opilot 1 Recorder	ipment (Controllable Ground Adjus Check all that	apply)
Eng. 4 Last Into 100-H. O AAIP O Annua Date Late Airfram hour O L Type of	our OCont OCont al OUnki ast Inspection: ne Total Time: rs measured at (S ast Inspection Maintenance I	ditional Inspections 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A	O16 Dyy hrs ccident/Incident	Manufac Model: ELT Ins If Yes: ELT Ma Model of	www.www.www.www.www.www.www.www.www.ww	OControllar OGround A Sensenich -61 OYes ON er: Emergency ∴ EBC-10A (121.5 MHz) OC (406 MHz)	ble Pitch djustable Beacon Co C91a (121.5 MH)	Manu Mode Additio ADS Airfi Ang Auto Date Elec	facturer: _ l: nal Equ S-B rame Para le of Atta opilot a Recorder tronic Fli	ipment (Controllable i Ground Adjus Check all that r Handheld De	apply)
Eng. 4 Last Into O 100-H. O AAIP O Annua Date Lat Airfram hour O L Type of O Annu O Condi	our OCont OCont al OUnke ast Inspection: ne Total Time: rs measured at (S ast Inspection Maintenance I al itional (Amateur-b	ditional Insper nown 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A Program (See	O16 Dyy hrs ccident/Incident	Manuface Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT	www.sturer: _S www.stalled: nufactur Part No C226 C Still mo	OControllar OGround A Sensenich -61 OYes ON er: Emergency ∴ EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft	ble Pitch djustable ble Pitch djustable ble Pitch djustable ble Pitch ble	Manu Mode Additio ADS Airf Ang Aut Data Elec	facturer: l: nal Equ 6-B rame Para le of Atta opilot a Recorder tronic Flightronic Mu	ipment (chute ck Indicato r ght Bag or	Controllable i Ground Adjus Check all than r Handheld Der Display	apply)
Eng. 4 Last Into O100-H. O AAIP O Annual Date Last Airfram hour O L. Type of O Annu O Condio O Manual O Condio	our OCont OCont al OUnker ast Inspection: The Total Time: The	ditional Inspersion 02/10/2 mm/dd/yy 1472.8 elect one) OTime of A Program (See pailt only) ion Program	otion O16 Dyy hrs ccident/Incident	Manuface Model: ELT Instance If Yes: ELT Ma Model on TSO No. Was ELT Was ELT	with the state of	OControllar OGround A Gensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft unceted to antenn	ble Pitch djustable Beacon Co Pla (121.5 MH) Place ONo Place ONo Place ONo	Manu Mode Additio AD: Anirfi Ang Auto Date Elec Elec Han	facturer:	ipment (chute ck Indicato r ght Bag or ultifunction mary Fligh	Controllable i Ground Adjus Check all than r Handheld Der Display	apply)
Eng. 4 Last Into O100-H. O AAIP Annua Date Lat Airfrant hour Lat Type of Annua O Condito O Manua O Other	our OCont OCont al OUnke ast Inspection: ne Total Time: rs measured at (S ast Inspection Maintenance I al itional (Amateur-b	02/10/2 mm/dd/yy 1472.8 elect one) OTime of A Program (Se puilt only) ion Program tion Program	otion O16 Dyy hrs ccident/Incident	Manuface Model: ELT Instance If Yes: ELT Ma Model on TSO No. Was ELT Was ELT	www.merrer. Sw86RA stalled: nufactur r Part No C 0 2126 C still mo G still con Activate	OControllar OGround A Sensenich -61 OYes ON er: Emergency ∴ EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft	ble Pitch djustable Beacon Co Pla (121.5 MH) Place ONo Place ONo Place ONo	Manu Mode Additio ADS Airfi Ang Auto Data Elecc Elecc Han	facturer:	ipment (chute ck Indicato r ght Bag or ultifunction mary Fligh S play	Controllable i Ground Adjus Check all than r Handheld Der Display	apply)
Eng. 4 Last In O100-H O AAIP O Annua Date La Airfran hour O L Type of O Annu O Condi O Manu O Other O Conti	our OCont OCont at OUnker ast Inspection: ne Total Time: rs measured at (S ast Inspection Maintenance I at itional (Amateur-l ifacturer's Inspect Approved Inspect	02/10/2 mm/dd/yy 1472.8 elect one) OTime of A Program (Se puilt only) ion Program tion Program	otion O16 Dyy hrs ccident/Incident	Manufac Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT Was ELT Did ELT If activa	www.stalled: nufactur Part No OC126 I still mo I still con Activate ted:	OControllar OGround A Gensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft unceted to antenn	ble Pitch djustable Beacon Co Pla (121.5 MH) Place ONo Place ONo	Manu Mode Additio Ang Airf Ang Aut Data Elec Elec Han	facturer:	ipment (chute ck Indicato r ght Bag or ultifunction mary Fligh S play	Controllable i Ground Adjus Check all than r Handheld De Display t Display	apply)
Eng. 4 Last Into 100-H. O AAIP O Annual Date Last Airfram hour O L. Type of O Annual O Condio O Manual O Other O Contio O Other Descrip	our OCont OCont al OUnker ast Inspection: The Total Time: The	ditional Inspersion 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A Program (Security only) ion Program tion Program tess	otion O16 Dyy hrs ccident/Incident elect one) (AAIP)	Manufac Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT Was ELT Did ELT If activa Did ELT If not ac	witurer: Switter: Switter: Switter: Stalled: nufacturer Part No Collective Co	OControllar OGround A Sensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft mected to antenn ? OYes ONe	ble Pitch djustable Beacon Co Pla (121.5 MH) Place ONo Place ONo	Manu Mode Additio ADS Airfi Ang Called Elec Elec Hand Head Onb Sate Stall	facturer:	ipment (chute ck Indicato r ght Bag or diffunction mary Fligh S play ther ting Device System	Controllable i Ground Adjus Check all than r Handheld De Display t Display	apply)
Eng. 4 Last Int O100-H O AAIP O Annua Date La Airfran hour O L Type of O Annu O Condi O Manu O Other O Conti O Other Descrip O None	our OCont OCont at OUnker ast Inspection: The Total Time: The	ditional Inspersion 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A Program (Security only) ion Program tion Program ess	otion O16 Dyy hrs ccident/Incident elect one) (AAIP)	Manufac Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT Was ELT Did ELT If activa Did ELT	witurer: Switter: Switter: Switter: Stalled: nufacturer Part No Collective Co	OControllar OGround A Sensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft unected to antenn ? OYes ON ocating Aircraft:	ble Pitch adjustable Beacon Co Pla (121.5 MH)	Manu Mode Additio ADS Airfi Ang Autr Elec Elec Hane Head Onb Sate Stall	facturer:	ipment (chute ck Indicato r ght Bag or diffunction mary Fligh S play ther ting Device System ing Device	Controllable i Ground Adjus Check all than r Handheld De Display t Display	apply)
Eng. 4 Last Into 100-H. O AAIP O Annual Date Last Airfram hour O L. Type of O Annual O Condio O Manual O Other O Contio O Other Descrip	our OCont OCont at OUnker ast Inspection: The Total Time: The	ditional Inspersion 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A Program (Security only) ion Program tion Program ess	otion O16 Dyy hrs ccident/Incident elect one) (AAIP)	Manufac Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT Was ELT Did ELT If activa Did ELT If not ac	witurer: Switter: Switter: Switter: Stalled: nufacturer Part No Collective Co	OControllar OGround A Sensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft unected to antenn ? OYes ON ocating Aircraft: Impact Dama Fire Damage	ble Pitch adjustable Beacon Co Pla (121.5 MH) Poyes ONo Poyes ONo Poyes ONo Poyes ONo Poyes ONo	Manu Mode Additio ADS Airfi Ang Autr Elec Elec Hane Head Onb Sate Stall	facturer:	ipment (chute ck Indicato r ght Bag or diffunction mary Fligh S play ther ting Device System ing Device	Controllable i Ground Adjus Check all than r Handheld De Display t Display	apply)
Eng. 4 Last Int O100-H O AAIP O Annua Date La Airfran hour O L Type of O Annu O Condi O Manu O Other O Conti O Other Descrip O None	our OCont OCont at OUnker ast Inspection: The Total Time: The	ditional Inspersion 02/10/2 mm/dd/yy 1472.8 elect one) O Time of A Program (Security only) ion Program tion Program ess	otion O16 Dyy hrs ccident/Incident elect one) (AAIP)	Manufac Model: ELT In: If Yes: ELT Ma Model or TSO No. Was ELT Was ELT Did ELT If activa Did ELT If not ac	www.mufacturer Part No Collector Still mo Fatill con Activated: Aid in L	OControllar OGround A Sensenich -61 OYes ON er: Emergency .: EBC-10A (121.5 MHz) OC (406 MHz) unted in aircraft unected to antenn ? OYes ON ocating Aircraft:	ble Pitch adjustable Beacon Co Pla (121.5 MH) Poyes ONo Poyes ONo Poyes ONo Poyes ONo Poyes ONo	Manu Mode Additio ADS Airfi Ang Autr Elec Elec Hane Head Onb Sate Stall	facturer:	ipment (chute ck Indicato r ght Bag or diffunction mary Fligh S play ther ting Device System ing Device	Controllable i Ground Adjus Check all than r Handheld De Display t Display	apply)

OWNER/OPERATOR INFORMA	TION					
Registered Aircraft Owner		City: Wichita				
Name: Earl V Long III DBA Westport Airp	port	_ State: KS ZIP: 67217				
Fractional Ownership Aircraft: O Yes O	No ·	Country: United States				
Operator of Aircraft	gistered Owner	☑ Same Address as Registered Owner				
Name:		City:				
Doing Business As:		State: ZIP:				
Air Carrier/Operator Designator (4 Characte	er Code);	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Unc	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	31 Non-Scheduled or Air Taxi International				
☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) 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 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 Flight Test O Glider Tow O Instructional O Other Work Use O Personal O Positioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry				
OYcs ⊙ No	O Yes ⊙ No	, J				
AIRPORT INFORMATION (FIII in	if accident/incident occurred on app	roach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: High Point Airport Identifier: 3KS5 Proximity to Airport: O Off Airport/Airstrip		Distance From Airport Center: on airport degrees true Airport Elevation: 1395 ft. msi				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 17/35 (L/R/C) Length: 24		☑ Dry ☐ Snow-Compacted ☐ Water-Caim ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy				
Runway/Landing Surface (Check all that a ☐ Asphalt ☐ Grass/Turf ☐ Maca ☐ Concrete ☐ Gravel ☐ Metal ☐ Dirt ☐ Ice ☐ Snow	dam Water	☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Wet ☐ Wet ☐ Wet ☐ Wet ☐ Wet ☐ Slush-Covered ☐ Vegetation ☐ Unknown				
		Electronic Control Con				
Approach/Departure Segment (Select one)	1 -					
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument App OLanding	roach ODownwind OLow Approach OBase OGo Around OFinal OCrosswind OUnknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)				
☑ None		✓None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ 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				
	4					

"Flight Crewmember 1" Res				ident						
<u> </u>	O Student Pilot	v		Check Pilot	O Fligh	t Engineer	O Other I	Flight Crew		
"Flight Crewmember 1" was		□Yes □ N	lo	•						
"Flight Crewmember 1" Idea										
l '				c	City of Residence: Wichita					
Middle Initial: V			•	S	tate: KS			ZIP: <u>67217</u>		
Last Name: Long III				C	country: _	United St	ates			
Age at time of	Accident/Incide	ent: <u>79</u>	Date of B	irth:	mm/dd/yyyy					
		Co	ertificate Num	ıber:						
Degree of Injury	Seat Occup	ied		Res	Restraint Type Inflatable Restraint					Restraints
None	O Left O Right O Center	FrontRearSingle	O Unknov	wn					☑ Not Inst	
Pilot Certificate(s) (Check all	that apply)				O 3-poin	ŧ	O3-point		Not Dep	oloyed
□ None □ Flight Instructor □ Commercial □ US Mil □ Private □ Recreational □ Airline Transport □ Foreign □ Student □ Sport □ Flight Engineer				v 1	O 4-poin O 5-poin O Unkno	t	O 4-point O 5-point O Unknov	vn	Deploye Unknov	
Principal Occupation M	ledical Certific	cate		Med	lical Cert	tificate Va	lidity		Date of Las	t Medical
⊙ Other .	O None O Class 3 O Class 1 O Class 2 O Unknown					itations/wai ions/waiver ance		nknown /A	02/20/20: mm/dd/y)	
Medical Certificate Limitation	ons			· · · · · · · · · · · · · · · · · · ·						
must wear corrective lenses						· ,				
Medical Certificate Special I	ssuance				. 3					
Date of Last Flight Review		Flight	Review Airc	raft				.		
or Equivalent, Including	05/40/0045	"	Cessna							
FAR 121/135 Checks:	05/13/2015 mm/dd/yyyy	— Model		~				· · · · · · · · · · · · · · · · · · ·		
Airplane Rating(s)	Other Aircra	I.		ent Rating(s)	ating(s) Instructor Rating(s)					
(Check all that apply)	(Check all that d			l that apply)						
☐ None	☑ None		☑ None			☑ None			Instrument A	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airpla ☐ Helico		☐ Airplane Single-Engine ☐ Instrument Helic ☐ Airplane Multi-Engine ☐ Helicopter					Helicopter
Multiengine Land	Glider		Power			☐ Gyropla			Glider	
☑ Multiengine Sea	☐ Gyroplane ☐ Helicopter				İ	☐ Powere	d Lift] Sport	
	Powered Lif	Ì								
Type Ratings						Student I	Endorsemer	its (Include	dates)	
Commercial Airplane single & multi-engne la	nd									
Private										
Airplane single & multi-engine la	and & sea									
•										
Flight Time (Enter appropriate number of hours in each hox)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Inst Actual	roment Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	2,585	87	1,971	611	59	9	6		4	
Pilot in Command (PIC)	2,470	87	1,886	582	56	3			2	
Time as Instructor										
This Make/Model						<u> </u>				
Last 90 Days	4	3	3	1	ļ	1				
Last 30 Days	4	2	2	1		1	ļ			
Last 24 Hours	1	1	1							

WEIGHT COCKING MODEL 42 INCORMATION

"FLIGHT CREWME	WEER 2" INFOR	MATIO	N							
"Flight Crewmember 2" F					^	4.35	001 -			
OPilot OCo-Pilot "Flight Crewmember 2" w	•	OFlight Ins es □N		ck Pilot	OFlig	ght Engineer	OOther F	light Crew		
"Flight Crewmember 2" I										
First Name:				Cit.	of Do	ai damaa.				
Middle Initial:						sidence:				
			•			,				
Last Name:				Cou	ntry: .					
Age at time o	f Accident/Incident;					mm	i/aa/yyyy			•
Degree of Injury	Seat Occupied	Cert	ificate Number:	Doctor	in T				Y (1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
O None O Fatal	1 _	Front	OUnknown	Restra					Inflatable R	estraints
O Minor O Unknown	ORight (Rear	Cindiowii	· I	ailab) None		Used O None		□ Not Inst	alled
O Serious		Single			Lap	only	O Lap only	;	☐ Installed	i
Pilot Certificate(s) (Check			Para) 3-po:) 4-po:		O 3-point O 4-point		☐ Not Dep ☐ Deploye	
☐ None ☐ Fligh ☐ Private ☐ Recre	t Instructor	nercial e Transpor	☐ US Military t ☐ Foreign) 5~po:		O 5-point		Unknow	
Student Sport		Engineer	. Grotolgii) Unkı	nown	O Unknow	n		
Principal Occupation	Medical Certificate			Madi	ol C-	utificate \$7-	IIdie.		Date of Las	t Madical
Principal Occupation O Pilot	O None O Clas	no 3		i		rtificate Val mitations/wait	•	nknown	Date of Las	i mienical
O Other	•		se (Sport Pilot only			ations/waivers				
O Unknown	O Class 2 O Unk	nown		O Spe	cial Iss	suance			mm/dd/yy	<i>'yy</i>
Medical Certificate Limit:	ations									
Medical Certificate Speciz	al Issuance									
Date of Last Flight Review	v	Flight l	Review Aircraft			•	·			
or Equivalent, Including		-								
FAR 121/135 Checks:	mm/dd/yyyy	Model:					•			
Airplane Rating(s)	Other Aircraft Ra		Instrument	Rating(s)		Instructor	Rating(s)			
(Check all that apply)	(Check all that apply)		(Check all that			(Check all th	Ų (/			
□ None	□ None		None			☐ None			Instrument A	
☐ Single-Engine Land☐ Single-Engine Sea	☐ Airship ☐ Balloon		☐ Airplanc ☐ Helicopter				Single-Engin		Instrument H Helicopter	elicopter
☐ Multiengine Land	☐ Glider		Powered L	ift Gyroplane Glider						
☐ Multiengine Sea	☐ Gyroplanc ☐ Helicopter					☐ Powered	Lift		l Sport	
	☐ Powered Lift									
Type Ratings						Student Er	ndorsement	s (Include	dates)	
					İ					
				:						
Flight Time (Enter appropri	inte Ln		Airplane		1	Inst	rument			
number of hours in each box)		s Make Model		irplane iltiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	-									
Last 30 Days							ļ			
Last 24 Hours						i		1	1	I

	SHT CREWMEN	iseks 1	Exclusiv	e of cabin en	w. complete	the followin	g information)		
Crew Name and Addr	ess						Seat Occupie	đ	Injury
First Name: Middle Initial: Last Name:		State	e:	2	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) (Classificate(s)) (Classifi		sport			Restraint Tyl Available 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown		
Crew Name and Addr	ess					2000 Control (1990)	Seat Occupie	d	Injury
First Name: Middle Initial: Last Name:		State	e:	2	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) (Chapter None Private Student Type Rating/Endorses		oort	the Time		Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed		
Accident/Incident Air		□No		ccident/Inci	dent:	hrs	O Unknown	O Unknown	Unknown
)NNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if nocessary)	Inflatable	
Name and Address	CALELEK KERSE)NNEL (include c	abih orew; s Seat	ontinue on s	eparate shee Restraint T		Inflatable Restraints	Age
	City : State:	ZIP:					Used O None O Lap Only O 3-point O 4-point O 5-point		☐ Under 5 years
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State:	ZIP:	ther	OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O5-point	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State: Country: OPassenger City : State: State:	ZIP:Oot	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFata!	Restraint T Available ONone OLap Only O3-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O5-point O5-point	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Deployed Deployed Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHTITINERARY	NEORMATIC	N			144			Park Contract of the Early
Last Departure Point	Tin	ne of Departure	Destination) n		Type Fligh	it Plan F	iled
Airport ID: 71K		44.90 4 84	Airport ID:	3KS5		None		O VFR/IFR
City: Wichita		e: 11:30 A.M.	City: Valle	ey Center		O Company O Military		O IFR O Unknown
State: KS	Tim	e Zone: Central	State: KS			O VFR	VIK	Challown
Country: United States			Country: U	nited States		Activated?	O Yes	ONe OUnknown
Type of ATC Clearance/Ser	vice (Check all tha	t apply)	•					
☑ VFR □	Special VFR IFR	□VF	ecial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		☐ Crui: ☐ Unki	se nown / NA
Airspace where the accident							Altitu	de of In-Flight
	Class G Demo Area	☐ Mil	itary Operations port Advisory A	Area (MOA)	☐ Special ☐ Air Traffic Cont	ral Area	Occur	rence:
Class C	Warning Area	☐ Jet	Training Area		Unknown	101 / 11 0 4		ft msl
	Prohibited Area Restricted Area	□ TR:						
WEATHERUNFORMA				TOTE				
Source of Pilot Weather Info			ININGIDEN		servation Facility	,		
(Check all that apply)								
National Weather Service	□ Cor	x +			ime:			
☐ Flight Service Station ☐ TV/Radio	□ Mil □ Inte	•		l				
Automated Report	☐ No	ne		l	Accident Site:			
☐ Commercial Weather Service ☐ On-Board Weather	(DUATS) 🗖 Unl	cnown		l	Accident Site:			true
Basic Conditions		Light Conditi	ion				_ 4-6.000	, , , , , , , , , , , , , , , , , , , ,
⊙ VMC		ODawn	O Dusk	O Darl	k Night O Ur	known		
OIMC		⊙ Day	ONight	OBrig	tht Night			
OUnknown								
Sky/Lowest Cloud Condition O Clear	n Thin Broken	Ceiling None (Clear)	. ^	Obscured	Temperature:		(C) or _	65 (F)
■ <u> </u>	Thin Broken Thin Overcast	O Broken		Obscured Indefinite	Dew Point: _		C) or _4	44 (F)
	Unknown	O Overcast	Ō	Unknown	Altimeter Sett	ing: 30.05	in	Но
O Scattered Lowest Cloud Condition He	niaht	Ceiling Heigh	ut.			or		
Lowest Cloud Condition 11	.	——————————————————————————————————————	·	ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles	
☐ Variable	☐ Calm		☑ Not Gustir	ng	RVR	;		
	Light and Var	iable			t	·		
Direction: 180 degrees true	Speed:	kts	-or- Speed:	kts	Density Altitu		innes	ft
Intensity of Precipitation		tation (Check all)			Restriction to		heck all t	
OLight	☑ None	Drizzle	Freezin	g Rain	✓ None	= :	neck an i Fog	nue uppreyj
O Moderate	□ Rain	Ice Pellets	🗖 Snow S	hower	☐ Blowing Dt	ıst 🔲	Ground Fo	og
OHeavy ON/A	□ Snow □ Hail	☐ Snow Peller☐ Snow Grain			☐ Blowing Sa☐ Blowing Sn	nd 🔲	Haze Ice Fog	
OUnknown	Rain Showers	I Ice Crystals		g DIIZZK	☐ Blowing Sp	ray 🔲 :	Smoke Unknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity
O None O N/A O Trace O Rime	•	O None O Trace	O N/A O Rime		☐ None ☑ Clear Air			Light Moderate
O Light O Clear		O Light	O Clear		☐ Terrain-Indu	ıced	_	Severe
O Moderate O Mixed O Severe O Unknow		O Moderate O Severe	O Mixe		☐Convective	Turbulence		Extreme
O Severe O Unknown	/ 11	O Unknown	O Unkr	IOWH				
NOTAMs (D and FDC), A	IRMET'S SIC	 METs PIRED	s in effect of	the time of t	he accident/incid	dent•		
None			, m vriet al	and dime of t	accident/int/			
		•		•	*			

	•				•						
			·	•	·						
		•									
DAMAGE	TO AIRCRAFT A	ND OTHER PRO	PERTY	Spirite and Charles and Constitution							
Aircraft Dar O None O Minor	nage O Substantial O Destroyed O Unknown	Aircraft Fire None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion O 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 a	nd Other Property (Use additional sheet if necessary)								
side cowl to engine mour Propeller ha	Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Damage to the Fairchid consists of a dent up to 3 inches deep in left lower side from about a foot behind the beginning of the front of left side cowl to about a foot behind the firewall, bottom cowl kocked off, left side of the firewall was pushed in about 2 inches, left lower engine mount kinked, lower aft side cowl support attach bracket was broke loose, and front of nose cowl dented on front left side. Propeller had about 6 inches damage to one metal leading edge, about 10 inches was chipped out of same trailing edge and about 4 inches dented on the other leading edge.										
		•									
NARRATIV	E HISTORY OF FLI	GHT (Please type or	print in ink)	in al grand and section	to real terral particular description and the control of the contr						
wreckage di		ent. Attach extra sheet	g circumstances leading to and nat ts if needed. State departure time and								
Airpark 3KS Fairchild PT- came back a	5 is northeast of Valley -26. We went as a fligh around to land. I lande	Center about 12 na nt with me in the lead d, stopped about 2/3	Vestport Airport 71K to go to Mole utical miles north of Westport Air d. Arriving at High Point we did a b down the runway, pulled off the ould go past me and I would taxi	port. He was flying to low approach down right side of the runy	nis Stearman and me a the runway to the south. I						
Ben appeare hitting before	ed to approach a little for the other, and started	ast, touching down 1 drifting to the right,	/2 way down the runway. The Stoward me. His right lower wing	tearman dropped in hit the left side of the	about a foot high one wheel e Fairchild, firewall forward.						
aircraft rolled			vards a large tree. The right wing the ground then fell back horizon								
			•								

RECOMMENDATION (How	could this a	iccidenVincident h	ave been prov	rented?)				100
Operator/Owner Safety Recomme	endation							
					•			
			•					
	•							
	•							
•	i .							
MECHANICAL MALFUN	CTION/F	AILURE (If mo	re space is n	eded, cor	ntinue on separ	ate sheet)		124.00
Was there Mechanical Malfunc							Total Tim	e/Cycles
(If yes, list the name of the part, manu	facturer, part	no., serial no., and de	scribe the failu	re.)			On Part	
								Hours
					· .			Cycles
						ř.	Time Sinc	e This Part
						·		Overhauled
								Hours
FUEL & SERVICES INF	ORMATI	N						
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		O 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 AIRC	RAFT							
Was an emergency evacuation of	of the aircra	ift performed?	□ Yes	☑ No				
Method of Exit - Describe how t			any occupants	evacuated	d each location			
One occupant, normal evacua	tion.							
OTHER AIRCRAFT - CO	DLLISIO	V (If air or ground	collision occ	urred, con	nplete this sect	ion for <i>other</i> a	ircraft)	
Aircraft Registration Number		rer: Boeing Stea		•			Damage to Othe	
N68117	Model: A?						☐ Destroyed ☐ Substantial	☐ Minor ☐ None
Registered Owner of Other Air	craft	· · · · · · · · · · · · · · · · · · ·		Pilot of C	Other Aircraft	<u>i</u>	- Sucotantial	11000
Name: Sorensen, Ben				Name:	Sorensen, Ben			
City: Wichita State: Ks ZIP: (27245			City: _W	/ichita			
Country: USA	J1 Z U			State: Ke		ZIP: <u>67215</u>		

ADDITIONAL INFO	RMATIC	N (Please type c	r print in ink)							
Use this space if addition										
			•							
ı										
				•						
	•									
·										
,		îr								
		. '								
		•								
							9.			
e e										
			•							
HEREBY CERTIFY	THAT TH	E ABOVE INFO	RMATION IS	COMPLE	ETE AND A	CCURATE	TO THE BES	STOFM	Y KNOWLE	DGE .
]		Pilot/Oper <u>ator:</u>	arl V Long III							
11/07/2016 mm/dd/yyyy	Signature	Check nere to	electronically		locument					·
If a Person Other than				orgii uno c	iooginein			. 	· · · · · · · · · · · · · · · · · · ·	
Name:					•	Ti	tle:			
Signature:										
or Che	eck here to	electronically sign	n this documen	t						
			THE PROPERTY OF THE PARTY OF TH	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	JSE ON			•		
NTSB Accident/Incide	ent No.	Reviewed by N	TSB Regional (Office	Name of I	investigator	f		Date Repor	t Received