

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

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

Accident/Incident Location Nearest City/Place: <u>OSHKOSH</u> State: <u>WI</u> ZIP: _____ Country: <u>USA</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Date/Time Date: <u>07/30/2006</u> Local Time: <u>12:07</u> <small>mm/dd/yyyy</small> Time Zone: <u>CENTRAL</u>	
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input checked="" type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Collision with Other Aircraft <input type="checkbox"/> Midair <input checked="" type="checkbox"/> On-ground <input type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: <u>CENTRAL</u> Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input checked="" type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Briefing Type/Completeness <input checked="" type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input type="checkbox"/> None (clear) <input checked="" type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input checked="" type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL		
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input checked="" type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident <p style="font-size: 1.2em; margin-top: 10px;"><u>NOTAM FOR ARRIVAL & DEPARTURE FROM OSHKOSH</u></p>			
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)		Icing Forecast Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input checked="" type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	
Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			

Manufacturer: <u>J. M. BELANGER</u> Model: <u>RV 6 (LVANS)</u> Serial Number: _____ Registration Number: <u>C-GTJR</u>		Max Gross Weight: <u>1700</u> lbs Weight at Time of Accident: <u>1200</u> lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																														
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate (Check all that apply) Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport																																														
Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown																																														
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____		Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown																																														
Date Last Inspection: <u>05/09/2006</u> mm/dd/yyyy		Airframe Total Time: <u>3</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident																																														
IFR Equipped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																														
Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>MANUAL FIRE EXTINGUISHER</u>																																																
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No		ELT Manufacturer: _____ Model/Series: <u>TEL-82</u> Serial Number: <u>10221</u> Battery Type: _____ Battery Exp. Date: <u>MAY 2008 200805</u>																																														
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected																																														
Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch		Manufacturer: <u>HARVEY SENSENICH</u> Model: <u>70CM-6S16-0-80</u>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturing Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>LYCOMING</td> <td>O320B2A</td> <td>20587</td> <td></td> <td>160</td> <td></td> <td>22.3</td> <td>110.7</td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	Eng. 1	LYCOMING	O320B2A	20587		160		22.3	110.7	Eng. 2									Eng. 3									Eng. 4										
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Eng. 3																																																
Eng. 4																																																
Registered Aircraft Owner Name: <u>WILLIAM REED</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Owner Address City: <u>CARP</u> State: <u>ON</u> ZIP: <u>K0A1L0</u> Country: <u>CANADA</u>																																												
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____				Operator Address <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____																																												
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces				Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																												

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown 	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <ul style="list-style-type: none"> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <ul style="list-style-type: none"> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> International Cargo Operation <ul style="list-style-type: none"> <input type="checkbox"/> Passenger/Cargo <input checked="" type="checkbox"/> Passenger <u>1</u> How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail 	Type of Commercial Operating Certificate Held (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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Registered Owner of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Pilot of Other Aircraft

First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____

Airport Identifier: KOSH Distance From Airport Center: _____ SM
 Airport Name: ES WITMAN Direction From Airport: _____ degrees MAG
 Proximity to Airport Off Airport/Airstrip On Airport On Airstrip Airport Elevation: _____ ft. MSL

Approach Segment (Select one)

On Instrument Approach Landing Base leg Final Go Around
 Crosswind Downwind Low Approach Aborted Landing (after touchdown)

IFR Approach (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> ADP/NDB <input type="checkbox"/> SDF <input type="checkbox"/> VORT/VOR <input type="checkbox"/> VOR/DME <input type="checkbox"/> TACAN <input type="checkbox"/> PAR <input type="checkbox"/> Sidestep <input type="checkbox"/> ILS <input type="checkbox"/> Localizer Only <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV <input type="checkbox"/> MLS <input type="checkbox"/> LDA <input type="checkbox"/> ASR <input type="checkbox"/> Visual <input type="checkbox"/> Contact <input type="checkbox"/> Circling <input type="checkbox"/> Practice <input type="checkbox"/> GPS <input type="checkbox"/> Loran <input type="checkbox"/> Unknown 	VFR Approach (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Straight-In <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Go Around <input type="checkbox"/> Full Stop <input type="checkbox"/> Stop and Go <input type="checkbox"/> Touch and Go <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Forced Landing <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Unknown
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Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft	Condition of Runway/Landing Surface (Check all that apply) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Holes <input type="checkbox"/> Ice Covered <input type="checkbox"/> Rough <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Slush Covered <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Soft <input type="checkbox"/> Vegetation <input type="checkbox"/> Water-Calm <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Wet <input type="checkbox"/> Unknown
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Last Departure Point Airport ID: <u>L</u> City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: <u>CYZE</u> City: <u>GOOSE BAY</u> State: <u>ONTARIO</u> Country: <u>CANADA</u>	Type Flight Plan Filed <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Company VFR <input type="checkbox"/> Military VFR <input checked="" type="checkbox"/> VFR <input type="checkbox"/> VFR/IFR <input type="checkbox"/> IFR <input type="checkbox"/> Unknown Activated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)

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

Airspace where the accident occurred (Check all that apply)			
<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
<input type="checkbox"/> Air Traffic Control Area			
<input type="checkbox"/> Unknown			
Aircraft Load Description (Check all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock
<input checked="" type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds	
Fuel on Board at Last Takeoff (convert from pounds, as necessary)		Fuel Type	
38 Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145
		<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive
		<input type="checkbox"/> JP3	<input type="checkbox"/> JP4
		<input type="checkbox"/> JP5	<input type="checkbox"/> Other, specify _____
Other Services, if Any, Prior to Departure CHECKED OIL (OK)			
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part ____ Hours ____ Cycles
			Time Since This Part Inspected/Overhauled ____ Hours
Aircraft Damage	Aircraft Fire	Aircraft Explosion	
<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight
<input type="checkbox"/> Minor	<input type="checkbox"/> In-Flight	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin
<input checked="" type="checkbox"/> Substantial	<input type="checkbox"/> On-Ground	<input type="checkbox"/> On-Ground	
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Both Ground and In-Flight		
Description of Damage to Aircraft and Other Property (use additional sheets if necessary) RUDDER, FIN, RIGHT FLAP, RIGHT WING, FUSELAGE, CANOPY CUT/DESTROYED BY AVENGER PROPELLER			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location out over the BROKEN CANOPY PILOT ONLY			

Pilot "A" Responsibilities at the Time of Accident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: DONALD City: [REDACTED]
 Middle Initial: W State: [REDACTED]
 Last Name: REED Country: [REDACTED]
 Age at time of Accident: [REDACTED] Date of Birth: [REDACTED] Certificate Number: [REDACTED]

Degree of Injury
 None Fatal
 Minor Unknown
 Serious

Seat Occupied
 Left Front Unknown
 Right Rear
 Center Single

Seat Belt
 Used Yes No
 Available Yes No

Shoulder Harness
 Used Yes No
 Available Yes No

Pilot Certificate(s) (Check all that apply)
 None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

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
 With limitations/waivers
 Unknown

Date of Last Medical
03/28/2006
mm/dd/yyyy

Medical Certificate Limitations GLASSES MUST BE WORN

Medical Certificate Waivers

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

Flight Review Aircraft
 Make: _____
 Model: _____

Airplane Rating(s) (Check all that apply)
 None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

Other Aircraft Rating(s) (Check all that apply)
 None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)
 None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)
 None
 Airplane Single-Engine
 Airplane Multi-Engine
 Gyroplane
 Powered Lift
 Instrument Airplane
 Instrument Helicopter
 Helicopter
 Glider
 Sport

Type Ratings NIGHT

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	542.7	24	406.4		17.5	10.9				
Pilot in Command (PIC)	389.8	24	328		8.1					
Time as Instructor										
This Make/Model										
Last 90 Days	36.3	24	36.3		.8					
Last 30 Days	17.8	11.6	17.8							
Last 24 Hours	00									

Pilot "B" Responsibilities at the Time of Accident

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

Pilot "B" Identification

First Name: GARY City: OTTAWA
 Middle Initial: _____ State: ONT ZIP: _____
 Last Name: PALMER Country: CANADA

Age at time of Accident: 63 Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

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 checked="" type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	Scat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pilot Certificate(s) (Check all that apply)

None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	Medical Certificate <input type="checkbox"/> None <input checked="" 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	Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	Date of Last Medical _____ <small>mm/dd/yyyy</small>
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Medical Certificate Limitations

Medical Certificate Waivers

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> <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) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <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 hours

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										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report

08/07/06
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: [REDACTED]

Type or Print Name: WILLIAM KEEN

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.

CHI06 FA 206 B

Reviewed by NTSB Regional Office

WEST CHICAGO, IL

Name of Investigator

SICIMAN

Date Report Received

8/7/06

The RV-6 pilot reported that the RV-6 was parked on row 301 of the homebuilt aircraft parking area that was located just south of the P-1 taxiway. The RV-6 pilot reported that the airplane was pushed onto the P-1 taxiway before he started his engine. When the "scooter marshaller" motioned him on, he taxied forward on the P-1 taxiway. He had to stop when the TUNDRA and another plane were pulled out onto the P-1 taxiway. Engine runup, mags, leaning and carb heat were checked while on P-1 Taxiway. He was directed by the aircraft "scooter marshaller" right to the flagman at Papa taxiway. The Flagman directed him to turn south on Papa taxiway. He reported that he was taxiing behind a green and white, high wing airplane that had TUNDRA painted on the top of the wing. He reported that a grey airplane was in front of the Tundra aircraft. Some time after turning onto P-1 taxiway the Tundra taxied off the runway onto the grass on the right. The RV-6 pilot cautiously taxied up to the grey tail dragger in front of him. There was a momentary pause while a jacket was stowed in the back and the cabin heat was checked because precipitation had started to fall. He rechecked the departure instructions with the copilot. Both had received debriefings before departing. The RV pilot was monitoring the tower for departure instructions. The RV-6 pilot reported that he "didn't know the TBM was behind" his airplane. The RV-6 pilot reported that he was not sure if he was taxiing forward or if he was stopped when the Avenger struck the RV-6 from behind.

Additional information.

The RV pilot has flown into Oshkosh 5 times. Two of the flights were solo. All previous departures only involved GA aircraft.

The co-pilot had visited Oshkosh more than 25 times. Most of them by air. He had more than 100 hours in an RV-6 and more than 1200 hours total.

I think the RV-6 may have been in motion when the initial strike happened. It felt like the engine was vibrating off the mounts. You can check this point by measuring the distance between the propeller strikes on the rudder versus the propeller strikes on the fuselage.

Recommendations:

1. Do not mix the warbirds with GA aircraft.
2. Have wing marshals for the warbirds for the entire taxi period.
3. Use the ground radio frequency to communicate with radio equipped aircraft during taxi operations.