

# 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

## BASIC INFORMATION

<b>Accident/Incident Location</b>		<b>Date/Time</b>	
Nearest City/Place: <u>OSHKOSH</u>	State: <u>WI</u>	Date: <u>07/30/2006</u>	Local Time: <u>1:15 PM (APPROX)</u>
ZIP: <u>54901</u>	County: <u>USA</u>	<i>mm/dd/yyyy</i>	Time Zone: <u>CDT</u>
Latitude: <u>43.59.03</u> (00:00:00 N/S)		Longitude: <u>88.33.25</u> (000:00:00 E/W)	

<b>Phase of Operation</b>		<b>Collision with Other Aircraft</b>	<b>Altitude of In-Flight Occurrence</b>
<input type="checkbox"/> Standing	<input type="checkbox"/> Takeoff (incl. initial climb)	<input type="checkbox"/> Midair	<u>N/A</u> ft MSL
<input checked="" type="checkbox"/> Taxi	<input type="checkbox"/> Climb	<input checked="" type="checkbox"/> On-ground	
<input type="checkbox"/> Descent	<input type="checkbox"/> Landing	<input type="checkbox"/> None	
<input type="checkbox"/> Cruise	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Other	
<input type="checkbox"/> Approach	<input type="checkbox"/> Unknown		

## WEATHER INFORMATION AT THE ACCIDENT SITE

<b>Weather Observation Facility</b>	<b>Source of Weather Information</b> <i>(Check all that apply)</i>	<b>Method of Briefing</b> <i>(Check all that apply)</i>
Facility ID: <u>OSH ATIS</u>	<input checked="" type="checkbox"/> National Weather Service	<input checked="" type="checkbox"/> In Person
Observation Time: <u>1:00 PM</u>	<input type="checkbox"/> Flight Service Station	<input type="checkbox"/> Teletype
Time Zone: <u>CDT</u>	<input checked="" type="checkbox"/> TV/Radio	<input checked="" type="checkbox"/> Telephone <u>Computer</u>
Distance from Accident Site: <u>UNK</u> NM	<input type="checkbox"/> Automated Report	<input checked="" type="checkbox"/> Aircraft Radio <u>ATIS</u>
Direction from Accident Site: <u>UNK</u> degrees MAG	<input checked="" type="checkbox"/> Commercial Weather Service (DUATS)	<input checked="" type="checkbox"/> TV/Radio
	<input type="checkbox"/> Company	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Military	
	<input checked="" type="checkbox"/> Internet	
	<input type="checkbox"/> Unknown	

<b>Briefing Type/Completeness</b>	<b>Light Condition</b>	<b>Visibility</b>
<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Dawn	<u>6</u> miles
<input type="checkbox"/> Partial / Limited By Pilot	<input type="checkbox"/> Dusk	
<input type="checkbox"/> Partial / Limited By Briefer	<input checked="" type="checkbox"/> Day	
<input type="checkbox"/> Abbreviated	<input type="checkbox"/> Night	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Dark Night	
<input type="checkbox"/> Not Pertinent	<input type="checkbox"/> Bright Night	
	<input type="checkbox"/> Not Reported	

<b>Sky/Lowest Cloud Condition</b>	<b>Ceiling</b>	<b>Restriction to Visibility</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Clear	<input type="checkbox"/> None (clear)	<input type="checkbox"/> None
<input type="checkbox"/> Few	<input type="checkbox"/> Broken	<input type="checkbox"/> Blowing Dust
<input type="checkbox"/> Partial Obscuration	<input checked="" type="checkbox"/> Overcast	<input type="checkbox"/> Blowing Sand
<input checked="" type="checkbox"/> Scattered	<input type="checkbox"/> Obscured	<input type="checkbox"/> Blowing Snow
<input type="checkbox"/> Thin Broken	<input type="checkbox"/> Indefinite	<input type="checkbox"/> Blowing Spray
<input type="checkbox"/> Thin Overcast	<input type="checkbox"/> Unknown	<input type="checkbox"/> Dust
<input type="checkbox"/> Unknown		<input type="checkbox"/> Fog
		<input type="checkbox"/> Ground Fog
		<input checked="" type="checkbox"/> Haze
		<input type="checkbox"/> Ice Fog
		<input type="checkbox"/> Smoke
		<input type="checkbox"/> Unknown

<b>Lowest Cloud Condition Height</b>	<b>Ceiling Height</b>	<b>Wind Direction</b>	<b>Wind Speed</b>	<b>Wind Gusts</b>	<b>Type of Turbulence</b> <i>(Check all that apply)</i>
<u>2700</u> ft AGL	<u>3300</u> ft AGL	<input checked="" type="checkbox"/> Indicated: <u>210</u> degrees MAG	Velocity: <u>10</u> KTS	Velocity: _____ KTS	<input checked="" type="checkbox"/> None
		<input type="checkbox"/> Variable	or-	<input type="checkbox"/> Gusting	<input type="checkbox"/> In Clouds
			<input type="checkbox"/> Calm	<input checked="" type="checkbox"/> Not Gusting	<input type="checkbox"/> Clear Air
			<input type="checkbox"/> Light and Variable		<input type="checkbox"/> Vicinity of Thunderstorm
					<b>Severity of Turbulence</b>
					<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

OSHKOSH ARRIVAL / DEPARTURE NOTAM

<b>Temperature:</b> <u>UNK</u> (C) or <u>UNK</u> (F) <b>Altimeter Setting:</b> <u>UNK</u> in Hg or <u>UNK</u> MB <b>Density Altitude:</b> <u>UNK</u> ft <b>Dew Point:</b> <u>UNK</u> (C) or <u>UNK</u> (F)	<b>Icing Forecast</b>	<b>Type of Precipitation</b> <i>(Check all that apply)</i>
	<b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
	<b>Icing Actual</b>	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input checked="" type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	<b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<b>Intensity of Precipitation</b> <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
	<b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	

<b>AIRCRAFT INFORMATION</b>																																																				
<b>Manufacturer:</b> <u>GRVMAN</u> <b>Model:</b> <u>TRM-3E AVENGER</u> <b>Serial Number:</b> <u>53420</u> <b>Registration Number:</b> <u>NL4206P</u> Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Max Gross Weight:</b> <u>17,600</u> lbs <b>Weight at Time of Accident:</b> <u>13,335</u> lbs <b>Location of Center of Gravity at Time of Accident:</b> <u>145</u> inches from <input type="checkbox"/> nose or <input checked="" type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)																																															
<b>Category of Aircraft</b> <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		<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <b>Standard</b> <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport <b>Special</b> <input type="checkbox"/> Restricted <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		<b>Number of Seats:</b> _____ If Large Aircraft, how many seats for: Flight Crew: <u>1</u> Cabin Crew: <u>0</u> Passengers: <u>1</u>		<b>Landing Gear</b> <input checked="" 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																																														
<b>Type of Maintenance Program</b> <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 _____			<b>Last Inspection Type</b> <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		<b>Date Last Inspection:</b> <u>08/18/2005</u> <i>mm/dd/yyyy</i> <b>Airframe Total Time:</b> <u>4843</u> hrs hours measured at <i>(check one)</i> <input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident																																															
<b>IFR Equipped</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Stall Warning System Installed</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Type of Fire Extinguishing System</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____																																																
<b>ELT Installed</b> <b>ELT Activated</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>ELT Manufacturer:</b> <u>AMERI-KING</u> <b>Model/Series:</b> <u>AK450</u> <b>Serial Number:</b> <u>452218</u> <b>Battery Type:</b> <u>DRY-CELL "D"</u> <b>Battery Exp. Date:</b> <u>03/2011</u>		<b>ELT Aided in Locating Accident / Incident</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																
<b>Engine Type</b> <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		<b>Reciprocating Fuel System Type</b> <input checked="" type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected	<b>Propeller</b> <input type="checkbox"/> Fixed Pitch <input checked="" type="checkbox"/> Controllable Pitch Manufacturer: <u>HAMILTON-STANDARD</u> Model: <u>23E50</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Series</th> <th style="width: 15%;">Manufacturing Serial Number</th> <th style="width: 10%;">Date of Mfg. <small>mm/dd/yyyy</small></th> <th style="width: 10%;">Engine Rated Power Measured as <small>(check one)</small> <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since Inspection (hours)</th> <th style="width: 10%;">Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>WRIGHT</u></td> <td><u>R-2600-20</u></td> <td><u>W445411</u></td> <td><u>UNK</u></td> <td><u>1900</u></td> <td><u>UNK</u></td> <td><u>12</u></td> <td><u>283</u></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. <small>mm/dd/yyyy</small>	Engine Rated Power Measured as <small>(check one)</small> <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	<u>WRIGHT</u>	<u>R-2600-20</u>	<u>W445411</u>	<u>UNK</u>	<u>1900</u>	<u>UNK</u>	<u>12</u>	<u>283</u>	Eng. 2									Eng. 3									Eng. 4								
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<b>OWNER/OPERATOR INFORMATION</b>																																																				
<b>Registered Aircraft Owner</b> <b>Name:</b> <u>TRI-STATE WAR BIRD MUSEUM</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Owner Address</b> City: _____ State: _____ Country: <u>USA</u>																																															
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner <b>Name:</b> _____ <b>Doing Business As:</b> _____ <b>Air Carrier/Operator Designator (4 Character Code):</b> _____					<b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner City: _____ State: _____    ZIP: _____ Country: _____																																															
<b>Regulation Flight Conducted Under</b> <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					<b>Revenue Sightseeing Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Air Medical Flight</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																															

<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <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	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <input checked="" 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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**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number <u>UNKNOWN</u>	Manufacturer: <u>AMATEUR - BUILT</u> Model: <u>VAN'S RV-6</u>	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> None
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**Registered Owner of Other Aircraft**

First Name: UNKNOWN City: UNKNOWN  
 Middle Initial: UNKNOWN State: UNK ZIP: UNK  
 Last Name: UNKNOWN Country: CANADA

**Pilot of Other Aircraft**

First Name: UNKNOWN City: UNKNOWN  
 Middle Initial: UNKNOWN State: UNK ZIP: UNK  
 Last Name: UNKNOWN Country: CANADA

**AIRPORT INFORMATION (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)**

Airport Identifier: KOSH Distance From Airport Center: N/A SM  
 Airport Name: \_\_\_\_\_ Direction From Airport: N/A degrees MAG  
 Proximity to Airport  Off Airport/Airstrip  On Airport  On Airstrip  
 Airport Elevation: 808 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)**

None  PAR  MLS  Practice  
 ADF/NDB  Sidestep  LDA  GPS  
 SDF  ILS  ASR  Loran  
 VOR/TVOR  Localizer Only  Visual  Unknown  
 VOR/DME  LOC-back course  Contact  
 TACAN  RNAV  Circling

**VFR Approach (Check all that apply)**

None  Stop and Go  
 Traffic Pattern  Touch and Go  
 Straight-In  Simulated Forced Landing  
 Valley/Terrain Following  Forced Landing  
 Go Around  Precautionary Landing  
 Full Stop  Unknown

**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  Unknown  
 Dirt  Ice  Snow

**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  Unknown  
 Slush Covered  Vegetation

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: _____ City: _____ State: <u>NO DEPARTURE</u> Country: _____	<b>Time of Departure</b> Time: _____ Time zone: <u>NO DEPARTURE</u>	<b>Destination</b> Airport ID: <u>I69</u> City: <u>BATAVIA</u> State: <u>OH</u> Country: <u>45103 USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input 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

<b>Airspace where the accident occurred</b> (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"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		
<b>Aircraft Load Description</b> (Check all that apply)				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists	<input type="checkbox"/> Livestock	
<input checked="" type="checkbox"/> Passengers - ONE	<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		
<b>FUEL &amp; SERVICES INFORMATION</b>				
<b>Fuel on Board at Last Takeoff</b> <i>(convert from pounds, as necessary)</i>		<b>Fuel Type</b>		
345 Gallons		<input type="checkbox"/> 80/87	<input type="checkbox"/> 115/145	<input type="checkbox"/> JP3
		<input checked="" type="checkbox"/> 100 Low Lead	<input type="checkbox"/> Jet A	<input type="checkbox"/> JP4
		<input type="checkbox"/> 100/130	<input type="checkbox"/> Automotive	<input type="checkbox"/> JP5
		<input type="checkbox"/> Other, specify _____		
<b>Other Services, if Any, Prior to Departure</b>				
TAXI GUIDANCE FROM GRASS PARKING AREA TO HANDSURFACE TAXIWAY PROVIDED BY EXPERIMENTAL AIRCRAFT ASSOCIATION WARRIORS MARSHALLER'S				
<b>MECHANICAL MALFUNCTION/FAILURE</b> (if more space is needed, continue on separate sheet)				
<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>				<b>Total Time/Cycles On Part</b>
				_____ Hours
				_____ Cycles
				<b>Time Since This Part Inspected/Overhauled</b>
				_____ Hours
<b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>				
<b>Aircraft Damage</b>		<b>Aircraft Fire</b>		<b>Aircraft Explosion</b>
<input type="checkbox"/> None	<input type="checkbox"/> Substantial	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Both Ground and In-Flight	<input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Destroyed	<input type="checkbox"/> In-Flight	<input type="checkbox"/> Unknown Origin	<input type="checkbox"/> In-Flight
		<input type="checkbox"/> On-Ground		<input type="checkbox"/> On-Ground
<b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary)				
DAMAGE TO PROPELLER BLADES				
<b>EVACUATION OF AIRCRAFT</b>				
<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Method of Exit - Describe how the occupants exited and how many occupants evacuated each location</b>				
N/A				

<b>PILOT "A" INFORMATION</b>											
<b>Pilot "A" Responsibilities at the Time of Accident</b>											
<input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
<b>Pilot "A" Identification</b>											
First Name: [REDACTED]					City: [REDACTED]						
Middle Initial: [REDACTED]					State: [REDACTED]			ZIP: [REDACTED]			
Last Name: [REDACTED]					Country: <u>USA</u>						
Age at time of Accident: [REDACTED]			Date of Birth: [REDACTED]			Certificate Number: [REDACTED]					
<b>Degree of Injury</b>			<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pilot Certificate(s) (Check all that apply)</b>											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>			
<input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			<u>03/29/2005</u> mm/dd/yyyy			
<b>Medical Certificate Limitations</b>											
HOLDER SHALL WEAR CORRECTIVE LENSES											
<b>Medical Certificate Waivers</b>											
N/A											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b>				<b>Flight Review Aircraft</b>							
<u>07/15/2006</u> mm/dd/yyyy				Make: <u>NORTH AMERICAN</u> Model: <u>P-51D MUSTANG</u>							
<b>Airplane Rating(s) (Check all that apply)</b>		<b>Other Aircraft Rating(s) (Check all that apply)</b>			<b>Instrument Rating(s) (Check all that apply)</b>			<b>Instructor Rating(s) (Check all that apply)</b>			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input checked="" type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<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			
<b>Type Ratings</b>					<b>Student Endorsements (Include dates)</b>						
E-TBM											
<b>Flight Time (enter appropriate number of hours in each box)</b>		<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
							Actual	Simulated			
Total Time		2400	16	2400	0	133	7	40	0	75	0
Pilot in Command (PIC)		2250	16	2250	0	133	7	40	0	60	0
Time as Instructor		0	0	0	0	0	0	0	0	0	0
This Make/Model											
Last 90 Days		55	8	55	0	0	0	0	0	0	0
Last 30 Days		4.5	7	4.5	0	0	0	0	0	0	0
Last 24 Hours		1	1	1	0	0	0	0	0	0	0

<b>PILOT "B" INFORMATION</b>											
<b>Pilot "B" Responsibilities at the Time of Accident</b>											
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
<b>Pilot "B" Identification</b>											
First Name: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident: _____			Date of Birth: _____ <i>mm/dd/yyyy</i>			Certificate Number: _____					
<b>Degree of Injury</b>		<b>Seat Occupied</b>			<b>Seat Belt</b>			<b>Shoulder Harness</b>			
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious		<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			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pilot Certificate(s) (Check all that apply)</b>											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
<b>Principal Occupation</b>		<b>Medical Certificate</b>			<b>Medical Certificate Validity</b>			<b>Date of Last Medical</b>			
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<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			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ <i>mm/dd/yyyy</i>			
<b>Medical Certificate Limitations</b>											
<b>Medical Certificate Waivers</b>											
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <i>mm/dd/yyyy</i>				<b>Flight Review Aircraft</b>							
				Make: _____							
				Model: _____							
<b>Airplane Rating(s) (Check all that apply)</b>		<b>Other Aircraft Rating(s) (Check all that apply)</b>			<b>Instrument Rating(s) (Check all that apply)</b>			<b>Instructor Rating(s) (Check all that apply)</b>			
<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		<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			<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport			
<b>Type Ratings</b>							<b>Student Endorsements (Include dates)</b>				
<b>Flight Time (enter appropriate number of hours in each box)</b>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time							Actual   Simulated				
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

**ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

**PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: [REDACTED] City: [REDACTED] Middle Initial: [REDACTED] State: [REDACTED] ZIP: [REDACTED] Last Name: [REDACTED] Country: USA	REAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

SEE ATTACHED SHEET

**RECOMMENDATION (How could this accident have been prevented?)**

Operator/Owner Safety Recommendation

SEE ATTACHED SHEET



**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 <u>08/03/2006</u> <small>mm/dd/yyyy</small>	Signature and Name Signature:  Type or Print Name: <u>PAUL M. REDLICH</u>
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Signature \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. <u>CHI06FA206A</u>	Reviewed by NTSB Regional Office <u>WEST CHICAGO, IL</u>	Name of Investigator <u>SILLIMAN</u>	Date Report Received <u>8/3/06</u>
--------------------------------------------------	-------------------------------------------------------------	-----------------------------------------	---------------------------------------

**NARRATIVE HISTORY OF FLIGHT  
NL420GP Grumman TBM-3E Avenger**

**Departure point:** KOSH, Whitman Field, Oshkosh, WI  
**Intended destination:** I69, Clermont County, Batavia, OH  
**Services obtained:** Fuel, taxi guidance from parking area to taxiway

All times are approximate

**11:30am CDT.** Received in-person weather briefing in EAA Warbird briefing building followed by on-line DUATS briefing to obtain radar images, METARS, and TAF's for route of flight. Departure weather conditions: VFR in light rain.

**12:30pm CDT.** Arrived at NL420GP and began preflight. Summoned EAA Warbird marshaller to discuss engine start and taxi procedures.

**12:50pm CDT.** With two EAA Warbird marshaller's in place engine was started and allowed to warm-up for approximately 7-10 minutes.

**1:00pm CDT.** NL420GP began taxiing in grass Warbird parking area under guidance of EAA Warbird marshaller's. Transition was made from grass parking area to hard surface at the approach end of runway 4, and under guidance from EAA Warbirds marshaller aircraft was aligned with taxiway P. EAA Warbird marshaller signaled his intention to leave and departed back to the Warbird grass parking area.

**1:05pm CDT.** After determining no traffic conflict existed from aircraft entering taxiway P from taxiway P-1 NL420GP began a slow, s-turning taxi within the limitations imposed by the narrow confines of taxiway P. S-turning is minimized and limited by the narrowness of the taxiway for an aircraft of this size and type and was performed with caution in order to stay on the hard surface. Due to previous several days of rain the ground bordering the taxiway was soft and departing the hard surface would have resulted in possible nose-over. S-turning performed at the start of taxiing revealed the only visible aircraft ahead as a white high-wing conventional gear aircraft. Once the white high wing aircraft had been identified as the aircraft to follow taxi speed and rate of s-turning was decreased until the white high wing aircraft was visible over the nose while taxiing straight ahead. Visual separation by looking over the nose was maintained with white high-wing aircraft. The white high-wing aircraft slowed and stopped on taxiway P and then proceeded slowly ahead until exiting the taxiway to the right and stopping parallel to taxiway P in the grass parking area bordering the taxiway. Visual separation was maintained with white high-wing aircraft until passing where it had stopped. Sufficient wingtip clearance existed to pass the stopped white high-wing aircraft with no difficulty or conflict. No EAA marshaller's were visible along the length of P taxiway from the departure end of runway 18 at P-1 to the runway 18 intersection departure point.

**NARRATIVE HISTORY OF FLIGHT**

Page 2 of 2

After passing the white high wing aircraft I believed no other aircraft existed on taxiway P between NL420GP and the last aircraft in line waiting for an intersection departure on runway 18 so I continued to taxi slowly ahead while maintaining visual separation with the last aircraft in line by looking over the nose. While taxiing slowly and shortly after passing the stopped white high wing aircraft NL420GP came in contact with an amateur-built Van's RV-6. I had absolutely no idea where the RV-6 had come from and had no ability to see it even after the two aircraft had come in contact. I don't believe more pronounced s-turning would have revealed the RV-6 but nevertheless this action was impossible due to the narrowness of the taxiway and the size and weight of the TBM-3 Avenger.

## RECOMMENDATIONS

Page 1 of 1

1. In retrospect there needed to be a provision for adequate marshaller's at regular intervals along the entire length of taxiways to ensure separation between taxiing aircraft. Marshaller's should be trained to recognize the forward visibility limitations of larger conventional gear aircraft, and to caution pilot's taxiing near large conventional gear aircraft of these visibility limitations.
2. Invoke, at least to some extent, established FAA procedures for positive control of taxiing aircraft, particularly on narrow taxiways that cause it to be dangerous to make more pronounced s-turns while taxiing.