	ILOT/OPER	ATOR	AIRO	CRAFT AC	CIDENT/I	ETY BOARD		
This form to b	e used for r	reporti	ng ci	ivil and pu	blic use a	aircraft accide	nts	and incidents
BASIC INFORMATIO	N						Sar Star	
Accident/Incident Location					Date/Time	, .		
Nearest City/Place:			S	tate: <u>W1</u>	Date: 07/	24/2009 L	ocal 7	Fime: 1201
ZIP: <u>53520</u> Country					mm/e	ld/yyyy	ime 7	Lone:
Latitude: 42:35:30 N (00:00:	00 N/S) Longitude:	089:22:3	<u>80 w (</u>	000:00:00 E/W)		I	nne z	
Taxi Climb	🗖 A	Aaneuvering Approach	g C	Hover Other Unknown	Midair On-ground None		00	titude of In-Flight ccurrenceft MSL
WEATHER INFORMA	TION AT THE	E ACCI	DENT	SITE			100 100 100	
Weather Observation Facilit Facility ID:		_	(Chec	ce of Weather k all that apply) ational Weather Se		Company		Method of Briefing (Check all that apply)
Observation Time: 1120		-		ight Service Static	n	🔲 Military		Teletype
Time Zone: <u>CDT</u> Distance from Accident Site:				V/Radio utomated Report		Internet		Telephone/Computer Aircraft Radio
Distance from Accident Site:				ommercial Weathe	r Service (DUA	TS)		X TV/Radio Unknown
Briefing Type/Completeness			Light	t Condition				Visibility
Full	☐ Abbreviate	d			lusk	Dark Night		v ISIDIIIty
Partial / Limited By Pilot	🔲 Unknown		🔀 Da	iy 🗍 N		🔲 Bright Night		<u>10</u> miles
Partial / Limited By Briefer	X Not Pertine					Not Reported		
Few	Thin Broken Thin Overcast Unknown	Ceiling None K Broke	en	🔲 In	oscured definite hknown	None Blowing Dust Blowing Sand Blowing Snow	bility	Check all that apply) Fog Ground Fog Haze Ice Fog
Lowest Cloud Condition Hei	ght ·	Ceiling	Height			Blowing Spray		Smoke Unknown
3000	ft AGL		10	000	ft AGL			
Wind Direction	Wind Speed			Wind Gusts	<u> </u>	Type of Turbulenc	e (Ch	eck all that apply)
Indicated: <u>l 80_</u> degrees MAG	Velocity:[<u>0_</u> ктs	ĺ	Velocity:	KTS	None	In Clo Vicini	ouds ity of Thunderstorm
☐ Variable	Calm	ible		Gusting Not Gusting			Mode	rate Light rate Chop
NOTAMs (D, L and FDC)								
RUNWAY IRRIGATIO	w Equip AI	PPROACH	EN	d Runway	3/21 AND	RUNWAY 15		
AERODROME DEER	ON AIRPORT	r			•			
AERODROME PEER OBSTRUCTION TOWE SERVICE (AS	ER 2049(11	20 A80	VE G	ROUND LEVE	EL) [0:31 H 2009	NORTHEAST L	-164	FTS OUT OF
JENVICE (AS	I I LOUSLY	unti			, 2007			
	Ic	ing Forec	ast			Type of Precipi	tatio	n (Check all that apply)
Temperature:(C) or78 (F)	(Instantion of the second sec	Amoun		1	Туре	X None		Drizzle
Or <u>78</u> (F) Altimeter Setting: <u>29,92</u> ir or <u>N</u>	л. HG	None Trace Light		loderate evere	Rime Clear Mixed	CRain Snow Hail		Ice Pellets Snow Pellets Snow Grains
Density Altitude:		ing Actua	1			Rain Showers Freezing Rain		Ice Crystals Ice Pellets Shower
Dew Point:(C)		Amoun None	_	loderate	Type □ Rime	Snow Shower		Freezing Drizzle
or(F)		Trace Light			Clear Mixed	Intensity of Pre-		ation derate 🔲 Heavy
					_		- ·····	

3

.

AIRCRAFT INFORMATION					an a		
Manufacturer: FISHER WILLIAM			Max Gross	Weight:	01b	5	
Model: <i>RV-7A</i>			Weight at 7	Fime of Accident:	155	7lbs	
Serial Number: 73086	-			Center of Gravity a			
Registration Number: <u>N257 RV</u>		: 🕅 Yes 🗌 No	-or-	Percent Me	an Aerody	or 🔀 datun mamic Cord (% MAC)
Blimp/Dirigible Normal Glider Utility Gyrocraft Utility Helicopter Transport Powered lift Transport	ess Certificate . pecial Restricted Limited Provisional Experimental Special Flight Light Sport	Cabin Crew		Check config Z Tri Check config Check Chec	uration tha cyclc nphibian nergency F bat	onal landing g t applies: T loat S S	ear ailwheel ligh Skid kid
Type of Maintenance Program	Last Inspect	ion Type	Airworthiness	Date Last Inspec	tion:	07/06/20 nm/dd/yyyy	09
Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify:	AAIP	Conditional		Airframe Total 1 hours measured	T ime:	151,5	_
IFR Equipped		g System Installe io 🔲 Unknown	ed	Type of Fire Exti	-		
ELT Installed ELT Activated	ELT Manufa	cturer: AME	RI KING				
Yes No Yes No		: <u>Ak 45</u>					
ELT Aided in Locating Accident / Incident	Serial Numbe	er: <u>4878</u>	08			,	
Yes X No	Battery Type	: DRYC	ELL	Batter	y Exp. D	ate: 7/2	2010
Engine Type Reciproca X Reciprocating Turbo Jet Turbo Shaft Turbo Fan Turbo Prop Unknown	ype tor	ropeller Fixed Pitch Controllable Pitch		icturer: <u>SENSE</u> 72 FM 85		85	
				Engine Rated	Γ		
Engine Engine Manufacturer Model/Series	Seria	ufacturing Il Number	Date of Mfg. mm/dd/yyyy	Horsepower or Ibs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1 LYCOMING YIO -360	- MIB _ L-3	<u> 84075-51E</u>	02/01/200	8 180	151.5	8.5	0
Eng. 2 Eng. 3							
Eng. 4	·				a. jagenuidi ista	Charles and the second	a grant an
OWNER/OPERATOR INFORMATIC	N	and the Article		i kan		elle sake:	
Registered Aircraft Owner Name: WILLIAM R. FISHER				Owner Address City: <u>TACK301</u>	v _		
Fractional Ownership Aircraft: 🗌 Yes 🕅 No				State: <u>TN</u> Country: <u>USA</u>	ZIP: <u>3</u>		
Operator of Aircraft X Same As Registered	ed Owner			Operator Address	🔀 Sam	e As Register	ed Owner
Name:				City:			
Doing Business As:				State:	ZIP:		
Air Carrier/Operator Designator (4 Character Coor Regulation Flight Conducted Under				Country:			
Kegulation Fight Conducted Onder Image: Conden Image: Conden </td <td>Flight TPort</td> <td>olic Use (select type</td> <td></td> <td></td> <td>-</td> <td>🔀 No</td> <td></td>	Flight TPort	olic Use (select type			-	🔀 No	
FAR 91 FAR 129 FAR 91 opecia FAR 103 FAR 133 Non-US, Comm FAR 121 FAR 135 Non-US, No-US, No-US, No-US, No-US, No-US, No-US, No-US, No-US, No-US,	nercial	Federal 🔲 State	in I	Air Medical Flight	es .	X No	

Purpose of Flight	Revenue Operation			l Operating Certificate Held
for FAR 91, 103, 133, 137 (Select one)	for FAR 121, 125, 129, 135 (Se		Check all that apply)	
Personal Business	Scheduled or Commuter		Flag Carrier Operati	ng Certificate (121)
Executive/Corporate Other Work Use			Supplemental Air Cargo	
	Domestic or International		Foreign Air Carriers	
Ferry Positioning	Domestic International		Commuter Air Carri On-Demand Air Tax	
Acrial Application			Large Helicopter (12	
Aerial Observation	Cargo Operation		Rotorcraft External I	Load (133)
Air Race / Show	Passenger/Cargo	many?	- or - Agricultural Aircraft	(137)
Flight Test Public Use	Cargolbs			
Unknown	Mail		Other Operator of La	0
OTHER AIRCRAFT - COLLISION (IF	air or ground collision occurre	ed, complete this	s section for other	aircraft)
Aircraft Registration Number Manufacturer:				Damage to Other Aircraft
Model:		·		Destroyed Minor Substantial None
Registered Owner of Other Aircraft				
First Name:		City:		
Middle Initial:		State:	ZIP:	·
Last Name: Pilot of Other Aircraft		Country:		
		C :		
First Name:		State:	ZIP:	
Last Name:		Country:		
Last Name:	nt occurred on approach, take	off or within 3 m	illes of an airport, c	omplete this section)
Airport Identifier: <u>C37</u>		Distance From	Airport Center:	0 SM
Airport Name: <u>BRODHEAD</u>		Direction From	Airport:	degrees MAG
Proximity to Airport D Off Airport/Airstrip	On Airport 🔀 On Airstrip	Airport Elevation	on:7	793 ft. MSL
Approach Segment (Select one)				
☐ On Instrument Approach X Landing ☐ Crosswind ☐ Downwind	Base legLow Approach	🔲 Fina	ll rted Landing (after tou	Go Around
Crosswind Downwind			(Check all that apply)	
		None	(Check un that upply)	Stop and Go
None PAR M ADF/NDB Sidestep L SDF ILS A		Traffic Pattern		Touch and Go Simulated Forced Landing
VOR/TVOR Localizer Only V	isual Unknown	🔲 Valley/Terrain H	Following	Forced Landing
	ontact ircling	🔲 Go Around 🔀 Full Stop		Precautionary Landing Unknown
Runway Information			nway/Landing Sur	face (Check all that apply)
Runway ID: 27 (L/R/C) Length: 2430	0 Width: 155 0	🔀 Dry	Snow-Compa	cted 🔲 Water-Calm
Runway/Landing Surface (Check all that apply)	L	Holes	Snow-Crustee	Water-Choppy
Asphalt X Grass/Turf Macadam	U Water	🔲 Rough	Snow-Wet	Wet
Concrete Gravel Metal/Wood		Rubber Deposits Slush Covered		Unknown
Dirt Ice Snow		Rubber Deposits	S L Soft X Vegetation	Unknown
			Vegetation	
Dirt Ice Snow FLIGHT ITINERARY INFORMATION Last Departure Point Time o Airment ID: C73	f Departure Destination		Vegetation Type	Flight Plan Filed
Dirt Ice Snow FLIGHT ITINERARY INFORMATION Last Departure Point Time o	f Departure Destination	Slush Covered	Vegetation Type Z No Co	Flight Plan Filed me
Dirt Ice Snow FLIGHT ITINERARY INFORMATION Intervention Last Departure Point Time or Airport ID: C73 City: D1X0N	Image: Construction Image: Construction 1135 Airport ID: ne: CDT State:	C 37 ODHEAD	Vegetation Type Z No Co	Flight Plan Filed one UVFR/IFR mpany VFR IIFR litary VFR Unknown
Dirt Ice Snow FLIGHT ITINERARY INFORMATION Image: Constraint of the state of	Image: Construction Image: Construction 1135 Airport ID: ne: CDT State:	C 37	Vegetation Type X No Co M Mi	Flight Plan Filed me UVFR/IFR mpany VFR IFR litary VFR Unknown R
Dirt Ice Snow FLIGHT ITINERARY INFORMATION Image: Constraint of the state of	Image: Construction Image: Construction 1135 Airport ID: ne:CDT State: Country: U;	C 37 ODHEAD	▼ Vegetation Type ■	Flight Plan Filed one

\$

5

Class C Deno Area Maintig Area Artport Advisory Area TRSA Art Table Control A. Class D Warning Area Artport Advisory Area Unknown Date Date Vieraft Load Description Closk of the apply Parachutats Livestock Date Parachetics Towing Glader Parachutats Livestock Date Cargo Towing Glader Parachutats Livestock Date Cargo Other External Chemical/Fertiliter/Steels Date Date Cargo Other External Biol Caw Led Parachutats Parachutats Cargo Att 2 Callons Biol Caw Led Parachutats Parachutats MECHANICAL MALFUNCTION/FAILURE (If more space is neededed, contitinue on separate sheet): Total Time/Cycles View If from pounds, as meessary? Attornal Provides and a cast Takeoff Parachutats Total Time/Cycles MECHANICAL MALFUNCTION/FAILURE (If more space is neededed, contitinue on separate sheet): Total Time/Cycles Vas there Mechanical Mafunction/Failure? Yes (D No Unknown Total Time/Cycles Vaste revolucal Mafunction/Failure? Yes	Airsnace wh	ere the accident occurs	red (Check all that a	nn/v)		
Club D Warning Aca Apport Advisory Ara Wreat Lad Decription Club advisory Ara Warning Aca Water Caluborning Proving Club at any The Manage Decret and Club advisory Ara Water Caluborning Proving Club and the apport Advisory Ara Water Caluborning Caluborning Caluborning Charles Decretaria Caluborning Caluborning Caluborning Proving Club and the Ass Takeoff Caluborning Marcing Proving Club and Club advisory Ara PP3 Caluborning Caluborning Marcing Proving Club advisory Ara PP3 Caluborning Proving Club and the Ass Takeoff Proving Club advisory Ara PP3 Caluborning Caluborning Proving Club and Club Association Proving Club advisory Ara PP3 Caluborning Caluborning Proving Club Advisory Ara Proving Club Advisory Ara PP3 Caluborning Caluborning Proving Club Advisory Ara Proving Club Advisory Ara PP3 Caluborning Caluborning Proving Club Advisory Ara Proving Club Advisory Ara PP3 Caluborning Caluborning Proving Club Advisory Ara PP3	Class A Class B	🗍 Class E 🔀 Class G		 Prohibited Area Restricted Area 	🗖 TRSA	Air Traffic Control Are
Money and the point of lider International sectors of the point of Law Law Calculation of the point of	Class D	🗍 Warnin	g Area			
FUEL & SERVICES INFORMATION Pref on Board at Last Takeoff Fuel on Board at Last Takeoff Pref on Board at Last Takeoff Med on Board at Last Takeoff Pref on Board at Last Takeoff Med on Board at Last Takeoff Pref on Board at Last Takeoff Med on Board at Last Takeoff Pref on Detection Med on Board at Last Takeoff Pref on Detection Med on Board at Last Takeoff Pref on Detection Med on Board at Last Takeoff Pref on Detection Med on Board at Last Takeoff Pref on Detection Med there Neckanical Mathemetion/Failure? Yes Yes, Ibst dw nome of the part, mandfactures, pars no. stellation, and deacthe the failure.) Total TimeCycles Minor More Takeoff Prof Detection Minor More Attract Failure? Attract Property (use additional shees if necessare) More Food Attract and Other Property (use additional shees if necessare) Pref on Ground and In Flight More Food Attract and Other Property (use additional shees if necessare) Pref on Ground and In Flight More Food Attract and Other Property (use additional shees if necessare) Pref on Ground and In Flight More Food Attract and Other Property (use additional shees if necessare) Pref on Ground and In Flight Mor	Aircraft Loa None Passengers	Towing	Glider			
Feel on Board at Last Takeff (convert/from pound, as account) 42 (allow) 1001 Low (cst) 1001 Low (cst) <	Cargo			Chemical/Fertilizer/Seeds	and and the second states and the second	n da na santa da na sana na sana da sa tabu na sa
Intervent from pounds, as necessary) •••••••••••••••••••••••••••••						
Other Services, If Any, Prior to Departure Other Services, If Any, Prior to Departure MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet). Total Time/Cycles Was there Mechanical Malfunction/Failure? (If yee, lost de name of the part, mandacturer, par m., serial no., and describe the failure.) If yee, lost de name of the part, mandacturer, par m., serial no., and describe the failure.) If nows ODAMAGE TO AIRCRAFT AND OTHER PROPERTY Vireraft Damage None Substantial Image to Aircraft Fire Image to Aircraft and Other Property (are additional sheet if necessary) Note GeAR Description of Damage to Aircraft performed? Note Culture Image to Aircraft performed? Was a mergency evacuation of the aircraft performed? Was a mergency evacuation of the aircraft performed? Was a concept evacuation of the aircraft performed? Was a concept evacuation of the aircraft performed? ONE OccupAMYT (PiLor) ExiTED THE Was a mergency evacuation of the aircraft performed? Was a mergency evacuation of the aircraft performed? Was a mergency evacuation of the aircr		ounds, as necessary)	□ 80/87 ⊠ 100 Low	□ 115/145 [v Lead □ Jet A □] JP4	ther, specify
MECHANICAL MALFUNCTION/FAILURE: (If more space is needed, continue on separate sheet) Was there Mechanical Mutancion/Failure? Yes (I) No (I) Unknown (I) yes, list the nume of the port, manufacturer, part no., serial no., and describe the failure.) Interfail Time/Cycles (I) yes, list the nume of the port, manufacturer, part no., serial no., and describe the failure.) Interfail Time/Cycles (I) yes, list the nume of the port, manufacturer, part no., serial no., and describe the failure.) Interfail Time/Cycles (I) manufacturer (I) Yes Hours (I) part (I) Yes (I) Yes (I) part (I) Yes (I) Yes (I) Description of Damage to Aircraft and Other Property (sace additional sheet if necessary) Work MouwT (I) Yes (I) Yes (I) Yes (I) Yes (I) Yes (I) Yes No (I) Yes (I) Yes No No (I) Yes (I) Yes No (I) Yes (I) Yes No No (I) Yes <t< td=""><td></td><td></td><td>100/130</td><td></td><td></td><td></td></t<>			100/130			
If yes, list the nume of the part, manufacturer, part no., serial no., and describe the failure.) On Part	MECHANI	CAL MALFUNCT	ION/FAILURE	(If more space is needed	, continue on s	eparate sheet)
Cycles Time Since This Part Inspected/Overhaulec Minor Substantial Minor Destroyed Destroyed Doth Ground and In-Flight Description of Damage to Aircraft and Other Property (use additional sheet if necessary) MoSE GEAR Bublint Disknown Origin Description of Damage to Aircraft and Other Property (use additional sheet if necessary) MoSE GEAR Bublint Disknown Origin Description of Damage to Aircraft and Other Property (use additional sheet if necessary) MoSE GEAR Bublint Mone This Bublint On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) MoSE GEAR Bublint Bublint CANOPY Richt Wilkown Origin VestrictAL STHBILIZER TIP Rubber TIP SPINNER EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircraft performed? Yes No Wethod of Exit - Describe how the occupants exited and how many occupants evacuated each location oNE ONE Occupant (Pillor) DNE	Was there M	echanical Malfunction	/Failure? 🗌 Yes	🗙 No 🔲 Unknown	<u>- 3 (#* (15)) 4 (19</u> 88), 4743 - 12119	Total Time/Cycles
DAMAGE TO AIRCRAFT AND OTHER PROPERTY. Aircraft Damage Minor Bsubstantial In - Flight On-Ground Description of Damage to Aircraft Bring Minor Description of Damage to Aircraft and Other Property (use additional sheet (f necessary) MSE & E&R Eventual Monor None Description of Damage to Aircraft and Other Property (use additional sheet (f necessary) MSE & E&R Eventual Monor Fire WALL CANOPY Right Wulke TIP VertTCAL STHBILIZER Synwers EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircraft performed? M Yes No Method of Exit - Describe how the occupants exited and how many occupants evacuated each location on/E occupAntt (PILOT) EXITED THROUGH BROKEN CANOPY						Hours
Inspected/Overhauted Hours Aircraft Damage None Substantial In-Flight On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) NoSE GEAR Evident Evident CANOPY RIGHT WING TIP VERTICAL STHBILIZER TIP SPINNER EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircraft performed? Was an emergency evacuation of the aircraft performed? ØYes Note ONE ONE						Cycles
DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Minor Destroyed In-Flight Unknown Origin Description of Damage to Aircraft and Other Property (use additional sheet if necessary) MoSE GEAR Bublic MouwT Fire WALL CANDPY RIGHT WING TIP VERTICAL STABILIZER TIP SPIMMER EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircraft performed? Yes Nose occuprant (PILOT) ExITED THROUGH BROKEN CAMOPY						Time Since This Part Inspected/Overhauled
Aircraft Damage Aircraft Fire Aircraft Explosion None Destroyed Both Ground and In-Flight None Both Ground and In-Flight Minor Destroyed On-Ground Unknown Origin On-Ground Destroyed Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose Both Ground and In-Flight On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose Both Ground and In-Flight On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose Both Ground and In-Flight On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose Both Ground and In-Flight Model Model Fire Walk On-Ground On-Ground Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose Nose Both Ground and In-Flight Fire Walk Model Fire Model Description Description Rubber CANOPY Right The North Model Description Description Was an emergency evacuation of the aircr						Hours
Aircraft Damage Aircraft Fire Both Ground and In-Flight Aircraft Explosion Minor Destroyed In-Flight Unknown Origin None Both Ground and In-Flight Description of Damage to Aircraft and Other Property (use additional sheet if necessary) NoSE & GEAR Dockink Monov T FireE WALL CANOPY Rikht Wilkb TiP Unknown Origin On-Ground VEXTICAL STABILIZER TIP SFMWER SFMWER EVACUATION OF AIRCRAFT Image to aircraft performed? Image to aircraft performed? Image to aircraft performed? Was an emergency evacuation of the aircraft performed? Image to aircraft performed? Image to aircraft performed? Image to aircraft performed? ONE OccuprANT (Pilot) Exited and how many occupants evacuated each location ONE ONE						
None Substantial None Both Ground and In-Flight None Both Ground and In-Flight Description of Damage to Aircraft and Other Property (use additional sheet if necessary) Nose 6 EAR None Both Ground Public CANOPY Right White MouNT Firste WALL CANOPY Right TiP Vertice TiP Rubber TiP Vertic AL STHELIZER TiP Rubber TiP Spinwer EVACUATION OF AIRCRAFT Vas an emergency evacuation of the aircraft performed? Yes No Wethod of Exit - Describe how the occupants exited and how many occupants evacuated each location ONE OCCUPANT (PILOT) EXITED THROUGH BROKEN		A share the second s	an a	ROPERTY	Aluquaft Fun	
Description of Damage to Aircraft and Other Property (use additional sheet if necessary) NOSE GEAR EVGINE MOUNT FIRE WALL CANOPY RIGHT WING TIP VERTICAL STABILIZER TIP RUDDER TIP SPINNER EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircraft performed? Yes No Method of Exit - Describe how the occupants exited and how many occupants evacuated each location ONE OCCUPANT (PILOT) EXITED THROUGH BROKEN CANOPY	A inomost Dam			Both Ground and In-Flight		Both Ground and In-Flight
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location ONE OCCUPANT (PILOT) EXITED THROUGH BROKEN CANOPY	None Minor	Substantial	In-Flight	Unknown Origin	🔲 In-Flight	Unknown Origin
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location ONE OCCUPANT (PILOT) EXITED THROUGH BROKEN CANOPY	□ None □ Minor Description o NoSE ENG FIRE CAN RIGH VER R 40	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY T WING TIP TICAL STABILIZE DER TIP	In-Flight On-Ground nd Other Property	Unknown Origin	🔲 In-Flight	Unknown Origin
Method of Exit - Describe how the occupants exited and how many occupants evacuated each location ONE OCCUPANT (PILOT) EXITED THROUGH BROKEN CANOPY	□ None □ Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SPIN	I Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP	In-Flight On-Ground nd Other Property	Unknown Origin	🔲 In-Flight	Unknown Origin
	□ None □ Minor Description o NoSE ENG FIRE CAN RIGH VER RUP SP/M EVACUAT	Substantial Destroyed	In-Flight On-Ground nd Other Property FR TIP	Unknown Origin	🔲 In-Flight	Unknown Origin
6	□ None □ Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
6	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional	In-Flight	Unknown Origin
	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional sheet if necessary) d? X Yes No how many occupants evacuated en THROUGH BROKEN CAMOR	In-Flight	Unknown Origin
	Description o Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional sheet if necessary) d? X Yes No how many occupants evacuated en THROUGH BROKEN CAMOR	In-Flight	Unknown Origin
	□ None □ Minor Description o NoSE ENG FIRE CAN RIGH VER RUD SP/M EVACUAT Was an emerg Method of Ex	Substantial Destroyed f Damage to Aircraft a E GEAR INE MOUNT WALL OPY HT WING TIP TICAL STABILIZE DER TIP WER ION OF AIRCRAI gency evacuation of the it - Describe how the oc	In-Flight On-Ground nd Other Property FR TIP ET	Unknown Origin (use additional sheet if necessary) (use additional sheet if necessary) d? X Yes No how many occupants evacuated en THROUGH BROKEN CAMOR	In-Flight	Unknown Origin

• •

PILOT "A" INFORMA										
Pilot "A" Responsibilities at			.		. (¹ 1)	1 · 5 ·				
Pilot Co-Pilot	Student Pilot	Flight	Instructor	Check Pilo	t 🗌 Flig	ht Engineer	U Other	Flight Crew		
Pilot "A" Identification	•									
First Name: WILLIAN Middle Initial: R	N					TACKSON TN		305		
Last Name:					Country:	USA				
Age at time of Accident: 5	8 Date	of Birth:			Certificate	Number:				
			mm/dd/yyyy			-				
Degree of Injury	Seat Occup				eat Belt		—	Shoulder l		- ·
None Fatal	Left	Front Rear	Unknc	U	sed vailable		No No	Used Available	X Yes 🗌 Yes	□ No □ No
Serious	Center	Single								
Pilot Certificate(s) (Check all										
None Stud	ent at Instructor	Recr Spor	eational t	Comme Comme] Flight Engi U.S. Milita		Foreign	
Principal Occupation N	Aedical Certific	ate		N	ledical Cer	rtificate Va	lidity	Date of L	ast Medic	al
		Class 3	(C			mitations/wa		ngli	4/2007	
		Unknown	ense (Sport Pilo		Unknown	ations/waive	rs		4	
Medical Certificate Limitati	0.005									
LORRECTIVE LEA										
CONNECTIVE MAN	/_/									
Medical Certificate Waivers										
Date of Last Flight Review		Fligh	t Review Air	craft						
or Equivalent, Including FAR 121/135 Checks:	06/25/200	a Make	··· VAN'S	AIRCRA	FT					
FAR 121/155 Cheeks.	mm/dd/yyyy		.							
Airplanc Rating(s)	Other Aircraf	t Rating(s)	Instrum	ent Rating	(s)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	pply)		ll that apply)		(Check all	that apply)	_	• -	
None Single-Engine Land	☐ None ☐ Airship		None 🗌 Airpla			🛛 None	e Single-Eng		Instrument Instrument	
Single-Engine Sea	Free Balloon		Helico	opter		🗌 Airplan	e Multi-Engi	ne 🗌	Helicopter	
Multiengine Land Multiengine Sea	Glider Gyroplane		Power	red Lift		Gyropla			Glider Sport	
	Helicopter								1 opon	
Type Ratings	Powered Lift				l	Studant E	ndorseme	nts (Include a	lates)	
TAILWHEEL							auviseinei	in include a	iaici)	
	I		Airplane	1		-				1
Flight Time (enter appropriate	All	This Make	Airplane Single	Airplane			rument	Datar	Clitter	Lighter Then Air
number of hours in each box)	Aircraft	& Model	Single Engine	Airplane Multiengine		Inst Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
number of hours in each box) Total Time	Aircraft 423,3	& Model 151.5	Single Engine 423,3		7,4			Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC)	Aircraft	& Model	Single Engine				Simulated	Rotorcraft	Glider	
number of hours in each box) Total Time	Aircraft 423,3	& Model 151.5 150.5	Single Engine 423,3 375,1	Multiengine	7,4		Simulated			
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Aircraft 423.3 375.1	& Model 151.5 150.5	Single Engine 423,3 375,1	Multiengine	7,4 6,3 2,0		Simulated			Than Air
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Aircraft 423.3 375.1	& Model 151.5 150.5	Single Engine 423,3 375,1	Multiengine	7,4		Simulated			Than Air

		F	

. *.

PILOT "B" INFORMA	TION			na anti-	1					
• Pilot "B" Responsibilities a			_		- 					
Pilot Co-Pilot	Student Pilot	Flight In	structor	Check Pilot	L Flig	ght Engineer	U Other	Flight Crew		
Pilot "B" Identification	<u> </u>									
First Name: Middle Initial: Last Name:				Ci Sta Co	ty: ate: ountry:		ZIP:			
Age at time of Accident:		irth:								
Degree of Injury	Seat Occupied			Sea	t Belt	_		Shoulder I	Harness	
Image: None Image: Fatal Image: Minor Image: Unknown Image: Serious Image: Serious	Left Right	Front Rear Single			d iilable		No No	Used Available	☐ Yes ☐ Yes	□ No □ No
Pilot Certificate(s) (Check al									_	
None Stud Private Fligl	ent ht Instructor	Recrea	tional	Commerce Airline T			Flight Engi U.S. Militat	<u>у</u>	Foreign	
	Medical Certificate					rtificate Va	•	Date of L	ast Medic	al
Other			se (Sport Pilot	tonly)		mitations/wa ations/waive		mm/dd/		
Medical Certificate Limitat	ions	- <u></u>								
Medical Certificate Waivers		_	<u> </u>							
Date of Last Flight Review		Flight	Review Airc	eraft						
or Equivalent, Including FAR 121/135 Checks:		Make:								
	mm/dd/yyyy	Model:								<u> </u>
Airplane Rating(s)	Other Aircraft Ra		Instrum	ent Rating(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply,)		l that apply)		(Check all ti	hat apply)	-		
None Single-Engine Land	None Airship		Airpla	ne		None Aimlane	Single-Engi	=	Instrument A Instrument H	
Single-Engine Sea	Free Balloon		🛛 🗌 Helico	pter			Multi-Engin		Helicopter	reneopter
Multiengine Land Multiengine Sea	Glider Gyroplane		Power	ed Lift		Gyroplar			Glider	
	Helicopter						LIII		Sport	
	Powered Lift									
Type Ratings						Student E	ndorsemen	ts (include da	ates)	
Flight Time (enter appropriate			Airplane			lust	rument			Linter
number of hours in each box)		is Make Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days					<u> </u>					
Last 30 Days						_				
Last 24 Hours										

First Name City Prove the statem Prove the statem<	ADDITIONAL FLIGHT CRI	EW MEMBERS	(Exclusive of ca	bin attendants, cor	nplete the	follow		
Minder State 2P	Pilot Name and Address				· · · · -			
Lack Name: County Set Occupied Plot Certificate(s) (Check all blat apply) Set Occupied Set Occupied Private Sport Total Flight Time at the Time Set Occupied Plot Certificate(s) (Check all blat apply) For I Flight Time at the Time Set Occupied Set Occupied Plot Name and Address County: ZIP: Set Occupied Set Occupied Plot Certificate(s) (Check all blat apply) Set Occupied Set Occupied Set Occupied Plot Certificate(s) (Check all blat apply) Set Occupied Set Occupied Set Occupied Plot Certificate(s) (Check all blat apply) of this Accident Nicket Private Plot Name Set Occupied Plot Certificate(s) (Check all blat apply) of this Accident Nicket Plot Name Plot Name Set Occupied Plot Certificate(s) (Check all blat apply) of this Accident Nicket Private Plot Name Set Occupied Set Occupied Plot Certificate(s) (Check all blat apply) Yes No Total Plight Time at the Time Name Set Occupied Set Occupied Plot Certificate(s) (Check all blat apply) Yes No Total Plight Infinite Name Set Occupied Set O	First Name:		City:				Minor	
Piol Cruficate(s) (Circle al that apply)	Middle Initial: Last Name:		State: Country:	ZIP:			Serious	
Private [Pight Instructor [Soot [Artifle Transport U.S. Military Private [Right] Exact [Control							Seat Occu	
Arecideu/Locident Aircraft? Yos No Ortel Flight Time at the Time brs Ortel Aircraft? Yos First Nume: Criv: Ortel Certificateds) Check all that apply/ Phot Certificateds) Check all that apply/ O'this Accideu/Locident None Prior Nume: Country: Phot Certificateds) Check all that apply/ O'this Accideu/Locident Static Phot Certificateds) Check all that apply/ O'this Accideu/Locident Static Prior Nume: Static Prior Nume: Country: Prior Nume: Country: Prior Nume: Check all that apply/ O'this Accideu/Locident: hrs Prior Nume: Check all that apply/ O'this Accideu/Locident: hrs Prior Nume: Check all that apply/ Prior Nume: <					🗌 Forei	gn	Left	Front
Type Raining Language Unit a Unit Time Degree of Injury Pilot Name and Address Degree of Injury Pilot Name State: ZIP: Degree of Injury Diato Raing Language Units Sector Diato Cargo Pilot Name: Convery Pilot Name: Convery Pilot Certificate(s) / Check all duat apply) First Name: Pilot Name and Address Sector Conversional Pilot Name: Sport Conversional Conversional Conversional Conversional Conversional Conversional Pilot Name and Address Degree of Injury Pilot Name: City: City: State: Diato Name: State: Pilot Certificate(s) Check all that aughy) Pinot Regree of Name: Converse of Injury Pilot Amme and Address State: Pilot Amme and Address State: Pilot Amme and Address State: <tr< td=""><td></td><td>Sport 🖸</td><td>r</td><td></td><td></td><td></td><td></td><td></td></tr<>		Sport 🖸	r					
Pilot Name and Address Degree of Injury First Name: City: Mode Initial: State: Law Name: Country: Pilot Certificate(s) (Check all hat apply) State: Phrout: Flight homotor: Sport Artiflee Transport Type Rating/Endorsement for Accident/Incident: http://witheomotor Total Flight Instructor: Sport Pilot Certificate(s) (Check all hat apply) Yes Pilot Name and Address Total Flight Time at the Time Accident/Incident: Pilot Name and Address State: Pilot Ameria and Address Country: Pilot Certificate(s) (Check all that apply) None Pilot Certificate(s) (Check all that apply) State: Pilot Certificate(s) (Check all that apply) Total Flight Time at the Time Pilot Certificate(s) (Check all that apply) Total Flight Time at the Time Pilot Certificate(s) (Check all that apply) Total Flight Time at the Time Pilot Certificate(s) (Check all that apply) State: Provent Flight Instructor Pilot Christicate(s) (Check all that apply) Total Flight Time at the Time Pilot Certificate(s) (Check all that		🗌 Yes 🔲 No			hrs			
First Name: City: ZIP Description Description Midde Initial: State: ZIP Description Description Description Piot Certificate(s) (Clear all that apply) Serious Serious Serious Serious Piot Certificate(s) (Clear all that apply) Serious Degree of Injury First Name: Degree of Injury Serious Degree of Injury Serious	The second s				· · · · · · · · · · · · · · · · · · ·	<u></u>	Degree of I	niurv
Lack Name:	P1 + 21		City:				~	· <u>·</u>
Lack Name:	Middle Initial:		State:	ZIP:				🔲 Unknown
Image: Student Student Gromescriat Flight Engineer Forcign Image: Student Front Broat Type Rating/Endorsement for Arcident/Incident Yes No Total Flight Imma at the Time of this Accident/Incident. Ins Image: Student Breat Pilot Name and Address City: Image: Student Im	Last Name:		Country:					
Private Flight Instructor Sport Airline Transport U.S. Millary Burg Type Rating/Endorsement for Accident/Incident: Total Flight Time at the Time brist Name: Image: Single Unknown Single Unknown Pilot Name and Address City: Image: Single Unknown Degree of Injury Single Unknown Pilot Name and Address City: ZIP: Image: Single Unknown Sectors Pilot Certificate(s) (Check all that apply) Burger of this Accident/Incident: Instructors Sectors Provate Flight Instructor Sport Total Flight Time at the Time Accident/Incident Aircraft? Sectors PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate Sheet if necessary) Sectors Sectors Name and Address g Sectors g Sectors First Name: City: ZIP: Image: Sectors Image: Sectors Midde Initial: State: ZIP: Image: Sectors Image: Sectors First Name: City: ZIP: Image: Sectors Image: Sectors Image: Sectors Midde Initial: State: ZIP: Image: Sectors Image: Sectors Image: Sect				— — — — — — — — — — — — — — — — — — —	_		· ·	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes Total Flight lime at the Time of this Accident/Incident. hrs Center Single Pilot Name and Address City: ZIP Hintor Partial Control Partial Control Pilot Name City: ZIP Hintor Partial Control Partial Control Midde Initial: State: ZIP Hintor Provide Private Flight Instructor Spont Airline Transport U.S. Military Private Flight Instructor Spont Airline Transport U.S. Military Private Flight Instructor Spont Total Flight Time at the Time instructor Set Occupied Private Flight Instructor Spont Airline Transport U.S. Military Foreign PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) Yes Yes Name and Address Total Flight Time at the Time Control State: ZIP PassenGer(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) Yes Name and Address Total Flight Time at the Time Control State: ZIP Control Control State: ZIP Image: State First Name: City: ZiP Image: State Image: State Control Control Control Image: State Image: State First Name: City: ZiP Image: State Image: State Midde Initial: State: ZI					∐ Forei	gn		
Pilot Name and Address Degree of Injury First Name:	Type Rating/Endorsement for	· ·	Total Flight T	ime at the Time	hrs			
First Name: City: ZIP:	ig in story and a function of the state of the					8	Dogrees of I	Alexandra (C. Sara a)
Interview City: ZP: Last Name: Country: Plot Certificate(s) (Check all that apply) Privat Privat Privat Privat Sport Artine Transport US. Military Sectoose <p< td=""><td></td><td></td><td>Citur</td><td></td><td></td><td></td><td></td><td></td></p<>			Citur					
Last Nanc:	Hirst Name:		State:	ZIP:			🔲 Minor	
Pilot Critificate(s) (Check all that apply) Seat Occupied None Flight Instructor Private Flight Instructor Private Flight Instructor Private Total Flight Instructor Data Accident/Incident Aircraft? Yes No Data Flight Instructor PassENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) Name and Address First Name: City: State: ZIP: Midde Initial: Last Name: City: Midde Initial: State: Country: First Name: City: Midde Initial: Country: Pirst Name: City: Midde Initial: Country: Pirst Name: City: Midde Initial: Country: Country: Pirst Name: City: Midde Initial: <t< td=""><td>Last Name:</td><td></td><td>Country:</td><td></td><td>_</td><td></td><td>Serious</td><td></td></t<>	Last Name:		Country:		_		Serious	
Private Flight Instructor Sport Artine Transport U.S. Military Right Recar Type Rating/Endorsement for Accident/Incident Arcraft? Yes No of this Accident/Incident: Inrs Single PASSENGER(S) / OTHER PERSONNEL. (Include flight attendants; continue on separate sheet if necessary) Inrs Inrs Interessary Name and Address Inrs Inrs Inrs Inrs Inrs Inrs Name and Address Inrs Inrs Inrs Inrs Inrs Inrs Name: City: Inrs Inrs Inrs Inrs Inrs Inrs Middle Initial: State: ZIP: Inrs Inrs Inrs Inrs Inrs Inrs Middle Initial: State: ZIP: Inrs	. ,	t apply)		_	_		-	
Type Rating/Endorsement for Accident/Incident Aircraft? Ves No Total Flight Time at the Time of this Accident/Incident:hrs Center Single Unknown PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary) Image: Single Sin					🗌 Foreig	<u>g</u> n		
Accident/Incident Aircraft? Yes No of this Accident/Incident:hrs Unknown PASSENGER(S) / OTHER PERSONNEL. (Include flight attendants; continue on separate sheet if necessary) Name and Address y	-							Single
Name and Address y	Accident/Incident Aircraft?	🗌 Yes 🗌 No			hrs			Unknown
Name and Address y	PASSENGER(S) / OTHER		Care St. C. M. Sterrit, Care and Mills, Co					
First Name: City:		PERSONNEL	(Include flight atte	endants; continue	on separa	te she	et if neces	isary)
First Name: City:	THOULING / VIIIEN	PERSONNEL	(Include flight atte	endants; continue	on separa			
Middle Initial: State: ZIP:		PERSONNEL	(Include flight atte	endants; continue				
Last Name: Country:	Name and Address				Scat			
First Name: City:	Name and Address First Name:		City:		Scat	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Last Name: Country:	Name and Address First Name: Middle Initial:		City: State:	Z]P:	Score Contraction of the second secon	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
First Name: City:	Name and Address First Name: Middle Initial: Last Name:		City: State: Country:	ZIP:	Score Contraction of the second secon	Crew	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: First Name: Middle Initial:		City:	ZIP:	Score Contraction of the second secon	Crew	Revenue Revenue Non- FAA	Fatal Fatal Minor Minor Minury Injury
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: First Name:		City:	ZIP:	Score Contraction of the second secon	Crew	Revenue Revenue Non- FAA	Fatal Fatal Minor Minor Minury Injury
First Name: City:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Last Name: First Name: First Name:		City:	ZIP: ZIP:	Score Contraction of the second secon			Fatal Injury Nijury Inkrown
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial:		City: State: Country: City: State: Country: City: City: State:	ZIP: ZIP: ZIP:	Score Contraction of the second secon			Fatal Injury Nijury Inkrown
Last Name: Country:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Last Name: Last Name: Last Name: Last Name:		City:	ZIP: ZIP: ZIP:	Score Contraction of the second secon			Fatal Injury Nijury Inkrown
First Name: City:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City:	ZIP: ZIP: ZIP:	Score Contraction of the second secon			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:		City:	ZIP:	Score Contraction of the second secon			
Last Name: Country:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Last Name:		City: State: Country:	ZIP:	Score Contraction of the second secon			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:		City: State: Country: City: State: Country: City: City: City: City: City: City: City: Country: City: Country: City: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
Last Name:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:		City: State: Country: City: State: Country: City: City: City: City: City: City: City: Country: City: Country: City: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
First Name: City:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
Last Name:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
First Name:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: First Name: First Name: Middle Initial: Last Name: First Name: Middle Initial: Middle Initial: Middle Initial: Middle Initial: Middle Initial:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			
Last Name: Country:	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:		City: State: Country: State: Country: City: State: Country:	ZIP: ZIP:	Score Contraction of the second secon			
	Name and Address First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Middle Initial: Middle Initial:		City: State: Country: State: Country: City: State: Country:	ZIP:	Score Contraction of the second secon			

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.

DEPARTED SOUTHFORK AIRPORT 4TTN9 AT 0740 CDT FOR A FLIGHT TO BRODHEAD, WI C37. STOPPED AT DIXON, IL C73 FOR FUEL. DEPARTED DIXON AT 1135 CDT FOR BRODHEAD C37. LANDED AT 1201 CDT ON RUNWAY 27, AFTER A ROLLOUT OF APPROXIMATELY 200 YARDS IN HIGH DEASE TURF, ENCOUNTERED A HUMP IN THE RUNWAY, WHEN THE AIRPLANE'S NOSE GEAR BENT TO THE REAR ALLOWING A PROP STRIKE. THE AIRPLANE NOSED OVER ON THE SPINNER AND CAME TO REST ON THE CANOPY AND VERTICAL FIN.

RECOMMENDATION (How could this accident have been prevented?)
Operator/Owner Safety Recommendation

BE AWARE OF THE WEAK MOSE GEAR ON THIS AIRCRAFT AND USE ALL STEPS AND PRICEDURES TO PROTECT THE NOSE GEAR AND AIRCRAFT.

USE RUNWAY SURFACE CONDITIONS TO DETERMINE IF THE RUNWAY IS SUITABLE FOR A LANDING WITH THIS AIRCRAFT,

ADDITIONAL INFORMATION (Please type or print in ink) Use this space if additional space is needed for any answers.

				STUD PEAT OF MY KIOW EDOF
an a	Constant of the state of the second	1. 1980 11 C 2018 C 2018 4		JIHE BESI OF MY KNOWLEDGE
Signature:				· · · · · · · · · · · · · · · · · · ·
Type or Print Nat	me: U	ILLIAM R	FISHER	
of Person Filing	g Report if Oth	ner than Pilot/C)perator	
			· · · · · · · · · · · · · · · · · · ·	
				·
ana ang ang ang ang ang ang ang ang ang		FOR N	TSB USE ONLY	
lent No. Rev J. Cit	viewed by NTS ゴエムGつ,	B Regional Off ゴム	fice Name of Investigator M G-	Date Report Receive 08/07/09
	Signature and Signature: Type or Print Na of Person Filin	Signature and Name of Pilot Signature:	Signature and Name of Pilot/Operator Signature: Type or Print Name: <u><i>WILLIAM R</i></u> of Person Filing Report if Other than Pilot/O FOR N lent No. Reviewed by NTSB Regional Off	Signature: Type or Print Name: <u>WILLIAM & FISHER</u> of Person Filing Report if Other than Pilot/Operator FOR NTSB USE ONLY Hent No. Reviewed by NTSB Regional Office Name of Investigator