

MAILED - 8-10-09
NTSB POSTAGE

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

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

Accident/Incident Location		Date/Time	
Nearest City/Place: <u>OSHKOSH</u>	State: <u>WI</u>	Date: <u>07/25/09</u>	Local Time: <u>12:00</u>
ZIP: _____	Country: <u>US</u>	<small>mm/dd/yyyy</small>	Time Zone: <u>CENTRAL</u>
Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)			

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

Manufacturer: <u>PILGRIM</u>	Max Gross Weight: <u>1600</u> lbs
Model: <u>RUG</u>	Weight at Time of Accident/Incident: <u>1400</u> lbs
Serial Number: <u>23088</u>	Location of Center of Gravity at Time of Accident/Incident:
Registration Number: <u>N565P</u>	Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft	Type of Airworthiness Certificate <small>(Check all that apply)</small>	Number of Seats: <u>2</u>	Landing Gear <input type="checkbox"/> Retractable
		If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	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
<input checked="" type="checkbox"/> Airplane	Standard		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Normal		
<input type="checkbox"/> Blimp/Dirigible	<input type="checkbox"/> Utility		
<input type="checkbox"/> Glider	<input type="checkbox"/> Acrobatic		
<input type="checkbox"/> Gyrocraft	<input type="checkbox"/> Transport		
<input type="checkbox"/> Helicopter	Special		
<input type="checkbox"/> Powered lift	<input type="checkbox"/> Restricted		
<input type="checkbox"/> Ultralight	<input type="checkbox"/> Limited		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Provisional		
	<input checked="" type="checkbox"/> Experimental		
	<input type="checkbox"/> Special Flight		
	<input type="checkbox"/> Light Sport		

Type of Maintenance Program	Last Inspection Type	Date Last Inspection: <u>3/31/09</u>
		<small>mm/dd/yyyy</small>
<input type="checkbox"/> Annual	<input type="checkbox"/> 100 Hour	Airframe Total Time: <u>670</u> hrs
<input checked="" type="checkbox"/> Conditional (Amateur-built only)	<input type="checkbox"/> Continuous Airworthiness	hours measured at <small>(check one)</small>
<input type="checkbox"/> Manufacturer's Inspection Program	<input type="checkbox"/> AAIP	<input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident
<input type="checkbox"/> Other Approved Inspection Program (AAIP)	<input checked="" type="checkbox"/> Conditional Inspection	
<input type="checkbox"/> Continuous Airworthiness	<input type="checkbox"/> Annual	
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Unknown	

IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Fire Extinguishing System <input checked="" type="checkbox"/> None <input type="checkbox"/> Specify _____
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ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELT Manufacturer: <u>AMERI-KING</u>
ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Model/Series: <u>AK-450</u>
		Serial Number: _____
		Battery Type: <u>D CELL</u>
		Battery Exp. Date: <u>2011</u>

Engine Type	Reciprocating Fuel System Type	Propeller	Manufacturer: <u>CATTO</u>
<input checked="" type="checkbox"/> Reciprocating	<input checked="" type="checkbox"/> Carburetor	<input checked="" type="checkbox"/> Fixed Pitch	Model: _____
<input type="checkbox"/> Turbo Jet	<input checked="" type="checkbox"/> Fuel Injected	<input type="checkbox"/> Controllable Pitch	
<input type="checkbox"/> Turbo Shaft			
<input type="checkbox"/> Turbo Prop			
<input type="checkbox"/> Unknown			

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <small>mm/dd/yyyy</small>	Engine Rated Power Measured <small>as (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>LYCOMING</u>	<u>IO360</u>	<u>L16219-36A</u>	<u>7-17-96</u>	<u>180</u>	<u>670</u>	<u>16.5</u>	<u>670</u>
Eng. 2								
Eng. 3								
Eng. 4								

Registered Aircraft Owner Name: <u>Damon R. BERRY</u>		Owner Address City: <u>GRANBURY</u> State: <u>TX</u> ZIP: <u>76049</u> Country: <u>US</u>	
Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner	
Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces		Revenue Sightseeing Flight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown		Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International	
Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft		Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	
Aircraft Registration Number _____		Manufacturer: _____ Model: _____	
		Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None	
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <u>WELD FAILED IN RIGHT RUDDER AREA</u> <u>EXPERIMENTAL; NO MANUF, NO S/N</u>		Total Time/Cycles On Part <u>670</u> Hours <u>200</u> Cycles Time Since This Part Inspected/Overhauled <u>16.5</u> Hours	
DAMAGE TO AIRCRAFT AND OTHER PROPERTIES			
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed		Aircraft Fire <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	
		Aircraft Explosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	

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

RIGHT GEAR COLLAPSED, ENG MOUNT BROKEN, FIREWALL INTACT BUT DISPLACED SLIGHTLY. BELLY SKIN WRINKLED. NO OTHER DAMAGE. NO PROPERTY DAMAGE

Airport Identifier: KOSH
Airport Name: WHITMAN FIELD
Proximity to Airport: [X] On Airport

Distance From Airport Center: SM
Direction From Airport: degrees MAG
Airport Elevation: ft. MSL

Approach Segment (Select one)

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

IFR Approach (Check all that apply)

- None, PAR, MLS, Practice, ADF/NDB, Sideslip, LDA, GPS, SDF, ILS, ASR, Loran, VOR/VOR, 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: 36L (P/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, Shush Covered, Vegetation

Last Departure Point

Airport ID: KMUT
City: MUSCATINE
State: IA
Country: US

Time of Departure

Time: 11:00
Time Zone: C

Destination

Airport ID: KOSH
City:
State:
Country:

Type Flight Plan Filed

- None, VFR/IFR, Company VFR, IFR, Military VFR, Unknown, VFR, Activated? Yes No

Type of ATC Clearance/Service (Check all that apply)

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

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

- Class A, Class E, Prohibited Area, Jet Training Area, Special, Class B, Class G, Restricted Area, TRSA, Air Traffic Control Area, Class C, Demo Area, Military Operations Area (MOA), FAR 93, Unknown, Class D, Warning Area, Airport Advisory Area

Aircraft Load Description (Check all that apply)

- None, Towing Glider, Parachutists, Livestock, Passengers, Towing Banner, Water, Unknown, Cargo, Other External, Chemical/Fertilizer/Seeds

Fuel on Board at Last Takeoff

(convert from pounds, as necessary)
40 Gallons

Fuel Type

- 80/87, 115/145, JP3, Other, specify, 100 Low Lead, Jet A, JP4, 100/130, Automotive, JP5

Other Services, if Any, Prior to Departure

NONE

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

NORMAL - 2

Weather Observation Facility

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

- National Weather Service
- Flight Service Station
- TV/Radio
- Automated Report
- Commercial Weather Service (DUATS)
- Company
- Military
- Internet
- Unknown

Method of Briefing

(Check all that apply)

- In Person
- Teletype
- Telephone/Computer
- Aircraft Radio
- TV/Radio
- Unknown

Briefing Type/Completeness

- Full
- Partial / Limited By Pilot
- Partial / Limited By Briefer
- Abbreviated
- Unknown
- Not Pertinent

Light Condition

- Dawn
- Day
- Dusk
- Night
- Dark Night
- Bright Night
- Not Reported

Visibility

10+ miles

Sky/Lowest Cloud Condition

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

Ceiling

- None (clear)
- Broken
- Overcast
- Obscured
- Indefinite
- Unknown

Restriction to Visibility

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

Lowest Cloud Condition Height

NA R AGL

Ceiling Height

NA R AGL

Wind Direction

Indicated: 270 degrees MAG

Variable

Wind Speed

Velocity: 19 KTS

- Calm
- Light and Variable

Wind Gusts

Velocity: 24 KTS

- Gusting
- Not Gusting

Type of Turbulence

- None
- Clear Air
- In Clouds
- Vicinity of Thunderstorms

Severity of Turbulence

- Extreme
- Severe
- Moderate
- Moderate Chop
- Light

NOTAMS (D, L and FDC), AIRMETS, SIGMETS, FIREPs in effect at the time of the accident/incident

KOSH AIRVENUUE NOTAM

Temperature: _____ (C)
or 75 (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| Amount | | Type |
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | | <input type="checkbox"/> Mixed |

Icing Actual

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| Amount | | Type |
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate | <input type="checkbox"/> Rime |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Light | | <input type="checkbox"/> Mixed |

Type of Precipitation

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

Intensity of Precipitation

- Light
- Moderate
- Heavy

Pilot "A" Responsibilities at the Time of Accident/Incident											
<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											
Pilot "A" Identification											
First Name: <u>DAMON</u>					City: <u>GRANBURY</u>						
Middle Initial: <u>K</u>					State: <u>TX</u> ZIP: <u>76049</u>						
Last Name: <u>BERRY</u>					Country: <u>US</u>						
Age at time of Accident/Incident: <u>58</u>			Date of Birth: <u>[REDACTED]</u> <small>mm/dd/yyyy</small>			Certificate Number: <u>[REDACTED]</u>					
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pilot Certificate(s) (Check all that apply)											
<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 checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
<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>3-21-2008</u> <small>mm/dd/yyyy</small>			
Medical Certificate Limitations											
<u>CLASSET</u>											
Medical Certificate Waivers											
<u>[REDACTED]</u>											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
<u>JAN 2008</u> <small>mm/dd/yyyy</small>				Make: <u>BOEING</u> Model: <u>A25A</u>							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)			Instrument Rating(s) (Check all that apply)			Instructor Rating(s) (Check all that apply)			
<input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" 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 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 checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport			
Type Ratings							Student Endorsements (include dates)				
<u>B-727, 757, 767</u> <u>DC-9</u> <u>LR JET</u>											
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotocraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time		<u>15000+</u>	<u>400</u>	<u>3000</u>	<u>12000</u>	<u>5000</u>	<u>1000</u>				
Pilot in Command (PIC)		<u>12000+</u>	<u>400</u>	<u>3000</u>	<u>10000</u>						
Time as Instructor		<u>1000+</u>		<u>1000+</u>							
This Make/Model											
Last 90 Days		<u>44</u>	<u>16.5</u>								
Last 30 Days		<u>22.1</u>	<u>78.0</u>								
Last 24 Hours		<u>5.9</u>	<u>5.9</u>								

Pilot "B" Responsibilities at the Time of Accident/Incident											
<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											
Pilot "B" Identification											
First Name: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____			Certificate Number: _____				
				<i>mm/dd/yyyy</i>							
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
<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		
Pilot Certificate(s) (Check all that apply)											
<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											
Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical		
<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>		
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, including FAR 121/135 Checks:					Flight Review Aircraft						
_____					Make: _____						
_____					Model: _____						
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)		Instructor Rating(s)					
<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>					
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<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					
Type Ratings						Student Endorsements (Include dates)					
Flight Time (enter appropriate number of hours in each box)		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
							Actual	Simulated			
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

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

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

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

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>Down</u> Middle Initial: <u>J</u> Last Name: <u>BERRY</u> City: <u>GRANBURY</u> State: <u>TX</u> ZIP: <u>76049</u> Country: _____	RT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ 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"/>

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

DURING ROLLOUT AFTER LANDING, THE RIGHT RUDDER PEDAL WELDS FAILED. WITH A CROSSWIND FROM THE LEFT THE A/C TURNED INTO THE WIND AND DEPARTED THE RUNWAY.

WITH THE BROKEN PEDAL THE RUDDER WENT TO NEUTRAL AND THERE WAS NO WAY TO OPERATE THE RIGHT BRAKE.

IN ORDER TO AVOID A BERM PARALLEL TO THE RUNWAY LEFT RUDDER & BRAKE WAS APPLIED RESULTING IN THE FAILURE OF THE RIGHT LANDING GEAR AND ATTACHED ENGINE MOUNT.

Operator/Owner Safety Recommendation


ADDITIONAL INFORMATION (Please type or print in ink)

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

Date of this Report

7-15-2009
mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: 
Type or Print Name: DANIEL BERRY

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

Signature: _____

Type or Print Name: _____

Title: _____

NTSB Accident/Incident No.

CEN09LA 463

Reviewed by NTSB Regional Office

Chicago, IL

Name of Investigator

Chicago, IL

Date Report Received

8-26-09