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

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

BASIC INFORMATION													
Accident/Incident Location					Accident/Incident Date/Time								
					Date	: 03/2	22/2016	Lo	cal Time:	10:41 AM			
ZIP: 50	0602							mm/de	l/yyyy		_	ODT	
Latitude: 42.7638653 Longitude: -92.8043611									Tu	ne Zone:	JDT		
(Enter in decimal degrees or degrees:minutes:seconds)						Coll	lision with	Other Air	craft: C) Midair	OOn-groun	d O None	
AIRC	RAFT INFO	RMATIO	N										
Registr	ation Number:	N347N						IFR-Equip	· Contract of the Contract of				
Manufa	acturer: David	F Nicholso	n				☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model:	RV-9a						Maximum Gross Weight: 1850 lbs						
Serial N	Number: 9034	7					We	eight at Tin	ne of Accid	ent/Inci	dent: 160	00	_lbs
Year of	Manufacture:	2004					Number of Seats: 2 Flight Crew Seats: 1						
Amateu	ır-Built: ⊙Yes		Kit/Plans Mal	ce: Van's									
	ONo	2	Original Design					mber of En	gines: 1				
	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge		***			Type (Se	lect one)	
AirplaBallo		(Check all I	11			(Check all tha		ctable		O Reci	procating	O Solid	d Rocket
OBlim	Dirigible	☐ Norma	1 Restric			✓ Tricycle	Ketta		ailwheel	O Turb		_	d Rocket
O Glide O Gyroj		☐ Aeroba☐ Balloo					OTurb		oo Jet ONone				
OHelic		Comm				☐ Amphibian☐ Emergence				O Turb	_		
OPowe	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	☐ Transp	ort Experi	imental			□Ski						
O Rock		☐ Utility		ll Light-Sport			Ski/Wheel Fuel Sy			vstem Type (Reciprocating)			
OUnkn		□ Cartificate	of Authorization	Other La		unch/Recovery System		OCarburetor		Injected			
		None		Unknown	(COA)	☐ None	□Unknown						
								Date	Rated Pow		Total	Time	
Engine	Engine Manufa	cturer	Engine Model/Series		200000000000000000000000000000000000000	acturer's Number	of Mfg. O Horsepower or Time Inspection (hours)			(hours)			
Eng. 1	Subaru/Eggenfe		2.5 L		724592		_	2002 (?)	160 202.7 0.3 NA				mb of o
Eng. 2							\perp						
Eng. 3							4						
Eng. 4				D 11		OFinal Di	Pitch Propeller 2 OFived Pitch						
Last In	spection Type			Propeller 1 OFixed Pitch Propeller 2 OFixed Pitch OControllable Pitch					Pitch				
O100-H	our OCont	inuous Airwo	rthiness			OGround					0	Ground Adjus	table
O AAIP O Annu		ditional Inspec	ction	Manufacturer: _Quinti Hub w/Warp Drive Manufacturer:									
	ast Inspection:		015	Model: _	Model: QA3WD0045002 Model:								
Date L	ast Inspection.	mm/dd/yy		ELT In	stalled:	OYes O	No				ipment (Check all that	apply)
	ne Total Time:		hrs	If Yes:		Amori Kin	. ~			s-в rame Para	chute		
10.00	rs measured at (S					er: <u>Ameri-Kin</u> .: AK-450	ig	7			ck Indicato	r	
			ccident/Incident	24 (20)		(121.5 MHz) O) C91a	a (121.5 MH	Z) Aut	opilot a Recorde			
	Maintenance I	Program (Se	lect one)		OC126	(406 MHz)						Handheld Dev	vice
Annual Conditional (Amateur-built only)				Was EL	Γ still mo	unted in aircra	ft? (OYes ONo			ltifunction		
	facturer's Inspect					nected to anten		OYes ONo		dheld GPS	mary Fligh S	Display	
	Approved Inspec		(AAIP)	If activa		er Ores Or	NO		□Hea	ds Up Dis	play		
	nuous Airworthin , specify:	ess				ocating Aircraf	ft: ©	Yes ONo		oard Wea	ther cing Device		
	otion of Fire Ex	tinguishing	System		ctivated:			950000000000000000000000000000000000000	Stal	l Warning	System		
O None)	8		Indicate	Reason:	☐ Impact Dan					ing Device		
O Spec	ify:					☐ Fire Damag ☐ Battery Exp		/Dama = - 1	□ Oth	er, Specify	<i>'</i> :		
						Unknown	pii ed/	Damaged					

OWNER/OPERATOR INFORMATION							
Registered Aircraft Owner		City: Clarksville					
Name: David F NIcholson		State: _IA					
Fractional Ownership Aircraft: O Yes O	No	Country: USA					
Operator of Aircraft ☑ Same As Re	gistered Owner	✓ Same Address as Registered Owner					
A STATE OF THE STA	F 1100 T.50 F	City:					
Name: Doing Business As:							
Air Carrier/Operator Designator (4 Characte							
The current operator Designator (* Character		Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
☑ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR 135 OFAR 125 OFAR 137 OFAR 137 OFAR 125 OFAR 137 OFAR 125 OFAR 137 OFAR 125 OFAR 137 OFAR 125 OFAR 137	431 Non-Scheduled or Air Taxi International					
On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial	D					
□ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate O Select one O Firefighting O Unknown O Instructional O Other Work Use O Personal O Positioning					
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving					
OYes ⊙ No	O Yes O No	3 2333					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)					
Airport Name: Allison Municipal Airport Airport Identifier: K98 Proximity to Airport: O Off Airport/Airstrip		Distance From Airport Center: 0 sm Direction From Airport: 180 degrees true Airport Elevation: 1053 ft. msl					
Dunway Information		Condition of Dunway/I anding Sunface (Ch. h. 11 d. a. a. h.)					
Runway Information Runway ID: 18/36 (L/R/C) Length: 17 Runway/Landing Surface (Check all that a grass/Turf Maca Gravel Meta Dirt Ice Snow	<i>apply)</i> dam □ Water I/Wood □	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 □ Slush-Covered □ Vegetation □ Unknown					
Approach/Departure Segment (Select one))						
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	edure/Clearance On Instrument Appleading	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)					
✓ None		□None					
□ADF/NDB □PAR □SDF □Sidestep □VOR/TVOR □ILS □VOR/DME □Localizer Only □TACAN □LOC-back course □RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	□ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Precautionary Landing □ Unknown					

"Flight Crewmber 1" Responsibilities at the Time of Accident/Incident
"Flight Crewmember 1" was pilot flying
"Flight Crewmember 1" Identification First Name: David Middle Initial: F Last Name: Nicholson Age at time of Accident/Incident: 67 Date of Birth: Certificate Number: Degree of Injury None None None None Negret State: IA ZIP: 50619 Country: USA #mm/dd/yyyy Certificate Number: Description Restraint Type Available O None O Serious Not Installed
First Name: David Middle Initial: F Last Name: Nicholson Age at time of Accident/Incident: 67 Date of Birth: Certificate Number: Degree of Injury None O Fatal O Minor O Unknown O Serious O Center O Single City of Residence: Clarksville State: IA ZIP: 50619 Country: USA mm/dd/yyyy Mand Inflatable Restraints Available O None
Middle Initial: F Last Name: Nicholson Age at time of Accident/Incident: 67 Date of Birth: Certificate Number: Degree of Injury O None O Fatal O Minor O Unknown O Serious O Center O Single State: IA ZIP: 50619 Country: USA Mm/dd/yyyy Mm/dd/yyyy Mm/dd/yyyy Inflatable Restraints Available O None O None O None O None O None
Last Name: Nicholson Age at time of Accident/Incident: 67 Date of Birth: Certificate Number: Degree of Injury None O Fatal O Minor O Unknown O Serious O Country: USA Mm/dd/yyyy Restraint Type Inflatable Restraints Available O None O None O Serious O None O None O None
Age at time of Accident/Incident: 67 Date of Birth:
Certificate Number: Degree of Injury
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints ⊙ None O Fatal O Unknown O Unknown O Windown O Serious ○ Left O Front O Unknown O None O None Available O None O None □ Not Installed
O Minor O Unknown O Right O Rear O None O None O None O None
O Serious O None O None
Tap only Clap only I I instance
Pilot Certificate(s) (Check all that apply)
None Delight Instructor Dephysical DIS Military 04-point 04-point Deployed
Private Recreational Airline Transport Profession C. Unknown
Student Sport Flight Engineer
Principal Occupation Medical Certificate Medical Certificate Validity Date of Last Medical
O Pilot O None O Class 3 O Without limitations/waivers O Unknown
Other O Class 1 O Driver's License (Sport Pilot only) O With limitations/waivers O N/A O Class 2 O Unknown O Special Issuance O N/A O Special Issuance
Medical Certificate Limitations
Must wear corrective lenses
Medical Certificate Special Issuance
Medical Certificate Special Issuance
Medical Certificate Special Issuance
Medical Certificate Special Issuance Date of Last Flight Review Flight Review Aircraft
Date of Last Flight Review Flight Review Aircraft or Equivalent, Including Flight Review Aircraft
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 09/17/2014 Flight Review Aircraft Make: Piper Cherokee
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: O9/17/2014 mm/dd/yyyy Flight Review Aircraft Make: Piper Cherokee Model: PA-28-151
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 09/17/2014 Flight Review Aircraft Make: Piper Cherokee
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

"FLIGHT CREWMEN	MBER 2" INFOR	RMATIO	N							
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" w	as pilot flying 🔲 🗅	Yes □N	o							
"Flight Crewmember 2" Id	lentification									
First Name: City of Residence:										
Middle Initial:										
Last Name:				9/2	20					
- Fig.	Accident/Incident:									
Age at time of	Accident/incident	500		1			ruuryyyy			
D. m of Indiana	Seat Occurried	Certi	ficate Numb		-4			1.	. a . 11 D	
Degree of Injury O None O Fatal	Seat Occupied OLeft	OFront	OUnknow	100000	straint T	75 Total C	W400 1 4000	1	nflatable R	estraints
O Minor O Unknown O Serious	ORight	ORear OSingle	Onknow						□Not Inst	
Pilot Certificate(s) (Check a	all that apply)			-	O Lap o		O Lap only O 3-point		☐ Installed ☐ Not Dep	
	Instructor	mercial	☐ US Mil	litary	O 4-poi	int	O 4-point		☐ Deploye	d
☐ Private ☐ Recrea	ational	ne Transport			O 5-point O 5-point O Unknown				Unknow	n
☐ Student ☐ Sport	☐ Fligh	ht Engineer			Oliki	lowii	Olikilow	11		
Principal Occupation	Medical Certificate			Me	edical Ce	rtificate Va	lidity	1	Date of Las	t Medical
O Pilot	O None O Cla	ass 3				mitations/waiv		nknown		
O Other			e (Sport Pilot			ations/waivers	ON	/A	mm/dd/yy	****
A contract of the contract of	<u> </u>	known			Special Iss	suance			mm/aa/yy	yy
Medical Certificate Limita	tions									
Medical Certificate Special	Issuance									
Medical Certificate Special	133441100									
Date of Last Flight Review		Flight D	Review Airc	noft						
or Equivalent, Including		riight r	Ceview Air C	rait						
FAR 121/135 Checks:		Make: _								
	mm/dd/yyyy	Model: _								
Airplane Rating(s)	Other Aircraft Ra	0.00	Tel. (2000)	ent Rating(s)	Instructor	0,,			
(Check all that apply) ☐ None	(Check all that apply ☐ None	"	Check all ■ None	that apply)		(Check all the None	at apply)		T.,, A	:1
☐ Single-Engine Land	Airship		Airplan	ne		☐ Airplane	Single-Engin		Instrument A Instrument H	
☐ Single-Engine Sea	Balloon		☐ Helico	pter	☐ Airplane Multi-Engine ☐				Helicopter	1883
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		Powere	ed Lift		☐ Gyroplane ☐ Glider ☐ Powered Lift ☐ Sport				
I wuttengine sea	Helicopter					□ Powered	LIII		Sport	
100	☐ Powered Lift									
Type Ratings						Student Er	idorsement	S (Include de	ates)	
			Airplane		$\overline{}$	Tueste				
Flight Time (Enter appropria number of hours in each box)	200	nis Make	Single	Airplane	N"-1.		rument	D 4 6	CILI	Lighter
Total Time	Aircraft &	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)					1					
Time as Instructor	+ +				+-	+				
This Make/Model						+				
Last 90 Days						+				
Last 30 Days		 			+					1
Last 24 Hours										

OCrew OPassenger OOther Row: OUnknown OUnknown OUnknown OLap-Held OUnknown First Name: City: OLeft ORight OT Serious OF Spoint OUnknown OUnknown OCenter ORight OUnknown OUnknown OCrew OPassenger OOther Row: OUnknown OUnknown OCrew OPassenger OOther Row: OUnknown OUnknown OCrew OPassenger OOther Row: OUnknown OUnknown OCrew OPassenger OOther ONone ONone OUnknown OUnknown OUnknown OCrew OPassenger OOther OUnknown OCrew OPassenger OOther ONone ONone OUnknown OCrew OPassenger OOther OUnknown OCrew OPassenger OOther OUnknown OCrew OPassenger OOther OUnknown OCrew OPassenger OOther ONone ONone OUnknown OCrew OPassenger OOther OUnknown OCrew OPassenger OOther ONone OUnknown OCrew ONone ONone ONone ONone ONone ONone OLap-Held OUnknown OCrew OPassenger OOther ONone ONone ONone ONone OLap-Only OLap Only OLap	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Middle Initial:	Crew Name and Add	ress						Seat Occupie	d	Injury
Middle Initial: State: ZIP: Okea O	First Name:							0.000		
Pilot Certificate(s) Check all that apply	(2004), 5(1), (2007), (3), (4), (4), (4), (4), (4), (4), (4), (4	40.4) April 1-0.00 (10.							O Single	O Serious
None Flight Instructor	Last Name:		Cou	intry:			-		OUnknown	
December Private Pri	Pilot Certificate(s) (C	heck all that apply)								Inflatable
Snadent		☐ Flight Instructor						123	1000 to 1000 t	
Total Flight Time at the Time	12 200 0 200			The state of the s		reign				
Crew Name and Address	Student	□ Sport	L rng	ght Enginee	51	100 110		The second secon		■ Not Deployed
Crew Name and Address										
First Name: City: Country:	Accident/Incident Air	rcraft?	☐ No	of this A	Accident/Inc	ident:	hrs	Onknown	O CHANGWII	
Middle Initial:	Crew Name and Add	ress						Seat Occupie	Injury	
Middle Initial: Last Name: Country: Country	First Name:		City	of Resider	nce:					
Pilot Certificate(s) (Check all that apply) None	Middle Initial:		Stat	e:		ZIP:		ORight OSingle		
Pilot Certificate(s) (Check all that apply) None	Last Name:		Cou	intry:				S 10/5/11	OUnknown	
None	Pilot Certificate(s) (C	heck all that apply)						Restraint Ty	1000 C 1000 C 1000 C	
Private Recreational Student			☐ Cor	mmercial	□US	Military		All and the second second		
Type Rating/Endorsement for Accident/Incident Aircraft?		☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign								
Type Rating/Endorsement for Accident/Incident Aircraft?	☐ Student ☐ Sport ☐ Flight Engineer									
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Name and Address					_					□ Deployed
Name and Address Seat Injury Restraint Type Inflatable Restraints Age	E SECONO DE PARE DE COMO DE PARE DE CONTRA DE PROPERTO DE PARE	AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDR	C. Inter-cut V.O.	of this A						
Name and Address					19600	2000		C 100 C		
First Name: City: OLeft OCenter Middle Initial: State: ZIP: OCenter OCCUTATION OCENTER OCENTER OCCUTATION OCENTER OCENTER OCCUTATION OCCUTATIO	PASSENGER(S) /	OTHER PERSO	ONNEL (Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)	T. C. t. L.	T
Middle Initial: State: ZIP: OLeft Ocenter ORight Outknown OCrew OPassenger OOther Other Ocenter		OTHER PERSO	ONNEL (Include c				`уре	And a contract of the contract	Age
Last Name:	Name and Address				Seat	Injury	Restraint T	ype Used	Restraints	
OCrew OPassenger OOther Row: OUnknown O	Name and Address First Name:	City :			Seat OLeft	Injury O None	Restraint T Available ONone OLap Only	Used O None O Lap Only	Restraints Not Installed Installed	☐ Under 5 years
First Name: City: OLeft Ocher Origint Oserious Oliknown Ocher Oche	Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point	Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5,
First Name: City: OLeft Ocher ORight Country: OCher OPassenger OOther OCher ORight Country: OCher OPassenger OOther OCher ORight OLaft Name: City: OCher ORight Country: OCher ORight OLaft OLaft Olaft Name: OCher OPassenger OOther OCher ORight OLaft Olaft Name: OCher OPassenger OOther OCher OCher ORight OLaft Olaft Name: OCher OPassenger OOther OCher OCher ORight OLaft Olaft Olaft Name: OCher OCher ORight Olaft	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint
Middle Initial: State: ZIP: OCenter ORight OJs-point OJs	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held
Country:	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	ther	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Vype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Not Installed Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown OS-point OS-point OUnknown O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Vype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Not Installed Installed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft Ocenter Middle Initial: State: ZIP: OCenter ORight OCenter ORight OLap Only Olap Onl	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point	Vype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,
Middle Initial: State: ZIP: OCenter ONinor ORight Last Name: Country: OTenter OTENTE	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City : State: Country:	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point	Vype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Doubled Deployed Deployed Deployed Deployed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
Last Name: Country: ORight OUnknown Original Ounknown Original Ounknown	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Unknown Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City:	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point	Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Under Deployed Unknown Not Deployed Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft ONone Middle Initial: State: ZIP: ORight OUnknown OF atal OUNknown OUNknow	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State: State:	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Not Installed Installed Deployed Unknown Not Installed Deployed Unknown Not Installed Deployed Unknown Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Not Deployed Unknown Not Installed Not Deployed Not Depl	☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown ☐ Under 5 years If Under 5 years
Middle Initial: State: ZIP: OCenter ORone OSerious OI Country: OCenter OUnknown OF atal OUnknown OF atal OUnknown OSerious OSerious OF atal OUnknown OSerious O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Last Name: Last Name: Last Name:	City : State: Country: OPassenger City : State: Country: OPassenger City : Country: Country: State: Country:	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O5-point O5-point O5-point	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point	Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Deployed De	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
Last Name: Country: ORight OSerious OJ-point OJ-	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Crew	City: State: Country: OPassenger City: State: Country: OPassenger City: Country: OPassenger City: State: Country: OPassenger	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 4-point O 5-point O Unknown	Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Deployed Unknown Not Deployed Unknown Unknown Not Deployed Not Deplo	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown
OCrew OPassenger OOther Row OUnknown OFatal OUnknown O5-point O5-point O5-point OLap-Held	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger OPassenger City: State: Country: Country: OPassenger	ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLop Only O 3-point O 4-point O 5-point O Unknown	Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country: State: State: Country: Country:	ZIP:	ther	Seat OLeft OCenter ORight OUnknown Row:	Injury O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point	Restraints Not Installed Installed Deployed Unknown Not Installed Deployed Deployed Unknown Not Installed Deployed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY	INFORMATIO	N					
Last Departure Point	Tim	e of Departure	Destination	on		Type Fligh	nt Plan Filed
Airport ID: C25	en Const	: 10:25 AM	Airport ID:	K98		None	O VFR/IFR
City: Waverly	I ime	: 10.25 AW	City: Allis	on		O Company O Military	
State: IA	Time	Zone: CDT	State: IA		<u></u>	O VFR	VIII O OIIIIIOWII
Country: USA			Country: L	JSA		Activated?	OYes ONo OUnknown
Type of ATC Clearance/S ☑ None □ VFR	ervice (Check all that Special VFR IFR	☐ Spe	cial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Airspace where the accide		1			Traine Advisory	(s	
Class A Class B Class C Class D Class E	☐ Mil	itary Operations port Advisory A Fraining Area SA		☐ Special ☐ Air Traffic Conti ☐ Unknown	rol Area	Altitude of In-Flight Occurrence: 1053 ft msl	
WEATHER INFORM	NATION AT THE	ACCIDEN	T/INCIDEN	T SITE			
Source of Pilot Weather I	nformation			Weather Ob	servation Facility		
(Check all that apply)	-			Facility ID: K	CCY		
☐ National Weather Service ☐ Flight Service Station	□ Con □ Mili			Observation Ti	me: 10:15 AM		
☐TV/Radio	✓ Inter	net		Time Zone: C	DT		
✓ Automated Report ☐ Commercial Weather Servi	ce (DUATS)			Distance from	Accident Site: 22		nm
On-Board Weather	(Direction from	Accident Site: 16		_ degrees true
Basic Conditions OVMC OIMC		Light Conditi	ODusk ONight	ODark OBrig	Night OUn	known	
O Unknown	•	6 "			1		
Sky/Lowest Cloud Condit Clear	O Thin Broken	O None (Clear)	0	Obscured	Temperature:		(C) or <u>55</u> (F)
O Few	O Thin Overcast	O Broken		Indefinite Dew Point: _		(0	C) or <u>45 (?)</u> (F)
O Partial Obscuration O Scattered	O Unknown	O Overcast	0	Unknown	Altimeter Setting: 29.96 in. Hg		
Lowest Cloud Condition	Height	Ceiling Heigh	t			or	MB
	ft agl		50-7	ft agl			
Wind Direction	Wind Speed	•	Wind Gusts	rii.	Visibility	>10	miles
☐ Variable	☐ Calm		✓ Not Gustin	ng	RVP	: NA	feet
9-9	☐ Light and Vari	able				: NA	miles
or- Direction: 180 degrees true	e Speed: 10	kts	-or- Speed:	kts	Density Altitu		and the second s
Intensity of Precipitation	Type of Precipit	N .	-	KtS			Check all that apply)
OLight	✓ None	Drizzle	☐ Freezin	g Rain	✓ None		
O Moderate	Rain	☐ Ice Pellets	☐ Snow S	hower	☐ Blowing Du	ist 🔲 (Ground Fog
O Heavy O N/A	Snow Hail	☐ Snow Pellet☐ Snow Grain			☐ Blowing Sa ☐ Blowing Sn		Haze Ice Fog
OUnknown	Rain Showers	☐ Ice Crystals		g Diizzie	☐ Blowing Sp	ray 🔲 S	Smoke
111111	101				☐ Dust		Unknown
Icing Forecast Amount Type		Icing Actual Amount	Toma		Turbulence	II 4l4 l\	Committee
Amount Type O None O N/A		● None	Type O N/A		Type (Check a ✓ None	и інаі арріу)	Severity Light
O Trace O Rime		O Trace	O Rime		☐Clear Air ☐Terrain-Indu	and .	☐ Moderate ☐ Severe
O Light O Clear O Moderate O Mixe		O Light O Moderate	O Clear O Mixe		Convective		□ Extreme
O Severe O Unkn		OSevere	O Unkr	nown	9300.0000000000000000000000000000000000		
O Unknown		O Unknown					
NOTAMs (D and FDC)	, AIRMETs, SIGN	METs, PIREP	in effect at	the time of th	ne accident/inci	dent:	
none							

DAMAGE	TO AIRCRAFT A	ND OTHER PRO	DPERTY						
Aircraft Dam		Aircraft Fire		Aircraft Explosion	AND THE CONTROL OF TH				
O None	O Substantial	O None	O Both Ground and In-Flight	O None	O Both Ground and In-Flight				
O Minor	O Destroyed O Unknown	O In-Flight O On-Ground	O Fire at Unknown Time O Unknown	O In-Flight O On-Ground	O Explosion at Unknown Time O Unknown				
Top or a series of	ACC 100 00 100 00 00 00 00 00 00 00 00 00 0	10000000000000000000000000000000000000							
Description o	f Damage to Aircraft a	nd Other Property	Use additional sheet if necessary)						
	Nose Gear Collapsed, Spinner Crushed, Propeller Broken, PSR Gear Stressed, Engine Mount Bent, Firewall Bent, Longeron Bent, Canopy Broken, Vertical Stabilizer Bent, Rudder Bent								
		A							
	E HISTORY OF FLIC								
			g circumstances leading to and nati						
	tribution sketch if pertine Provide as much detail as		ts if needed. State departure time and	and location, services	obtained, and intended				
I departed Ca	25 (Waverly, IA) at 10:	25 AM to move my	plane to K98 (Allison, IA). While	executing a normal la	anding at 10:40 AM on the				
K98 Runway	18, my RV-9a nose ge	ear caught on the se	oft turf and collapsed. After sliding	about 60 ft, the spir	nner dug in and caused the				
			t harness, kicked out the side of the						
	shut off all of the electri iff's office to report the		Selector. I was alone in the aircra		Juries. I called the local Butler living the aid of some friends at				
			anger on the field (K98) for later sa		vitil the aid of some mends at				
			go. o a.o noia (rico) ioi iaior oi						

RECOMMENDATION (How	could this	accident/incident ha	ve been pre	vented?)				
Operator/Owner Safety Recommo	endation		1320					
Keep the nose gear off the gro	und longer							
MECHANICAL MALFUN	ICTION/F	AILURE (If mor	e space is n	eeded, co	ontinue on separ	rate sheet)		
Was there Mechanical Malfunc (If yes, list the name of the part, manu	tion/Failur	e? Yes No	•		•		Total Time/O	Cycles
				*				Hours
								Cycles
							Time Since 7	This Part
							Inspected/O	
								Hours
FUEL & SERVICES INFO	ORMATI	ON						
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		Fuel Type O 80/87	O 115/145	1	O Jet B	O Other, specify		
	Gallons	O 100 Low Lead O 100/130	O Jet A O Jet A-1		O JP8 O Automotive	O other, speerly _		
Other Services, if Any, Prior to	Departure	O 100/130	O ser A-1		O Automotive			
None								
EVACUATION OF AIRC	RAFT							
Was an emergency evacuation of			☑ Yes	□ No				
Method of Exit – Describe how t								
I was alone in the plane and k	icked out th	ne right side of the	slider cano	py so I co	ould crawl out.			
OTHER AIRCRAFT – CO	DLLISIO	(If air or ground	collision occ	curred, co	mplete this sect	tion for other aircra	ft)	
Aircraft Registration Number		ırer:				-	nage to Other	Aircraft
An eraft Registration Number		iici				_ ı	Destroyed [☐ Minor ☐ None
Registered Owner of Other Airc					Other Aircraft		ouostantiai L	_ INOILE
Name:				Name:	111111			
City:				City:				
Country:			_	Country:	:	_ZIP:		_

ADDITIONAL INFORMATION (Please type or print in ink)							
Use this space if addi	tional space	is needed for any answers.					
3001							
I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPLE	ETE AND ACCURATE TO THE BEST OF I	MY KNOWLEDGE			
Date of this Report		D. HENLI					
	The state of the s	96) 31/9/11/11/15 - • Broots-0/11/11/12/1					
03/26/2016 mm/dd/yyyy	111177777						
	or	Check here to electronically sign this	locument				
If a Person Other tha	n Pilot/Op	erator is Filing Report					
Name:			Title:				
and the second second							
to the second se		electronically sign this document					
		FOR NTSB I	USE ONLY				
NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received			
GAA16CA154		GAA (AS-20)	Michael J. Hodges	3/27/2016			