Accident/Incident Location Accident/Incident Location Accident/Incident Location Accident/Incident Date/Time Accident/Incident Date/Time Date: Accident/Incident Date/Time Date: Accident/Incident Date/Time Date: Collision with Other Aircraft: O Midair OOn-ground @ None AirCRAFT INFORMATION Registration Number: NS2032 Manufacturer: Tibbalt, Michael L Model: RV4 Model: RV4 Masteur-Built: 200 Ins Variation Number: NS2032 Model: RV4 Model: RV4 Model: RV4 Model: RV4 Model: RV4 Colspan="2">Regist at Time of Accelent/Incident Colspan="2">Regist Type (Refer cone) Colspan="2">Regist at Time of Accelent/Incident Colspan="2">Regist Register Colspan="2">Register Masteurce's		This form		NATION/ T/OPERAT sed for rep	OR AI	RCRA	AFT ACCI	D	ENT/INC	DENT	REPO		lents	
Nearest CityPlace: Biological State: PA 21P: B322 Country: USA 22P: Country: USA 22P:<	BASI	C INFORM	ATION		-	1.1		3		unit and	1		1.7.24-1	
zity: 18322 Country: USA mmiddlygyy Latitude: Longitude::	Accide	nt/Incident Loc	ation					A	ccident/Incid	lent Date/	Гіте			
zity: 18322 Country: USA mmiddlygyy Latitude: Longitude::	Nearest	City/Place: Broa	dheadsville	e		State: F	PA	Da	ate: 8-2	1-2014	Lo	cal Time:	1850	
Latitude:						at de		1						
AIRCRAFT INFORMATION Registration Number: M62632 Manufacturer: Thibault. Michael L Model: RV4 Serial Number: 11733 Year of Manufacture: 1998 Annateur-Bult: QYes Year of Manufacture: 1998 Annateur-Bult: QYes Onion Original Design Number of Seats: 2 Pippine: Onion Original Design Number of Seats: 2 Category of Aircraft Madient Pippine: Onion Original Design Disponding Correlation Operation Operatin Station Opr	A MARK PARAMETERS		and the second second								Ti	me Zone:	Eastern	
Registration Number: N82632 Manufacturer: ThisUtl, Michael L Mode: RV4 Serial Number: 1733 Year of Manufacture: 1998 Annater-Built: Byte: ONO Ordiginal Design Number of Seats: 2 Pasenger Seats: 1 Object District Optiginal District District <td< td=""><td></td><td>(Enter in decima</td><td>al degrees or a</td><td>degrees:minutes:se</td><td>conds)</td><td></td><td></td><td>C</td><td>ollision with</td><td>Other Air</td><td>craft: (</td><td>O Midair</td><td>OOn-grou</td><td>nd ONone</td></td<>		(Enter in decima	al degrees or a	degrees:minutes:se	conds)			C	ollision with	Other Air	craft: (O Midair	OOn-grou	nd O None
Regin tools (Nation (National Constraint)) Image: Section (National Constraint))	AIRC	RAFT INFO	RMATIO	N	The state		AL CALL		4	100	A STALL			
Masufacturer: This Model: RV4 Model: RV4 Serial Number: 1733 Year of Manufacture: 1993 Amateur-Bailt: O'reiginal Design Category of Aircraft Orriginal Design Ono Ordiginal Design Category of Aircraft Type of Airvorthinese Certificate Orriginal Design Image of the apply image of the app	Registr	ation Number:	N62632											
Model: RV4 Maximum Gross Weight: 1500 Ibs Serial Number: 1733	Manuf	acturer: Thiba	ult, Michael	IL							ight			
Serial Number: 1733 Weight at Time of Accident/Incident: 1200 Ibs Year of Manufacture: 1993		and the second						N			t 1500		lbs	
Year of Manufacture: 1998 Amateur-Built: O'reiginal Design Amateur-Built: O'reiginal Design Category of Aircraft Type of Aircraft (Check all Mat apply) Gatigory of Aircraft Type of Aircraft O'reiginal Design Number of Seats: 2 Category of Aircraft Type of Aircraft O'chiginal Design Number of Eaglines: 1 Category of Aircraft Type of Aircraft O'chiginal Design Check all Mat apply) Balloon Description of Linest O'chiginal Design Check all Mat apply) Category of Aircraft Type of Aircraft O'chiginal Design Check all Mat apply) Category of Aircraft O'chiginal Design O'chiginal Design Check all Mat apply) Category of Aircraft O'chiginal Design O'chiginal Design Check all Mat apply) Description Check all Mat apply) Category of Aircraft O'chiginal Design O'chiginal Design Check all Mat apply) Category of Aircraft D'chiginal Design O'chiginal Design Checket all Mat apply) Catastinspect		and the second se										10 million (1997)	1000 C	lbs
Amateur-Built: OYes (/ Yes: Økit/Plans Make: Vans Category of Aircraft Original Design Number of Engines: 1 Passenger Seats: 1 Category of Aircraft Clocket all that apphy Standard Special Image: Control the special Restricted Original Design 0 Original Rocket Origina									-					
ONo OOriginal Design Number of Engines: 1 Category of Aircraft Type of Airvorthiness Certificate Okirplane (Check all that apply) Landing Cear (Check all that apply) Engine Type (Select one) (Check all that apply) OBalloon Standard Special Engine Type (Select one) Okirplane OGUgonJane Balloon Provisional Tricycle Trilivhedi Oscilat Rocket OUltralight Commuter Special Flight Balloon Provisional Balloon Skiid Octocket Ultralight Special Flight Other Launch/Recovery System Other Launch/Recovery System Other Launch/Recovery System Ultralight Certificate of Authorization or Waiver (COA) None Trubs Prove Paie System Type (Reciprocating) Madd/Series Secial Number Secial Number Secial Number Social Allow Covershall Bag. 1 LYCOMING 0-320 E2D L-19440-27A 150 3490.36 11 1720 Bag. 3 Continuous Airworthiness Serial Number Serial Number Serial Number Serial Number Controllable Pitch<	COLORADO DE			⊙Kit/Plans Ma	ke: Vans									
Category of Alrcraft (Check all that app()) Type of Alrworthiness Certificate (Check all that app()) Landing Gear (Check all that app()) Engine Type (Select one) Ø Airjane OBiliophile Special Bailoon Special Bailoon Special Provisional Check all that app() Ø Reciprocating OTurbo Shall OLiquid Rocket Ø Kocket Datimized Acrobatic Limited Tricycle Tailwheel OTurbo Prop OHybrid Rocket Ø Normal Description Description Description Other Launch/Recovery System Other Canony Ø None Unknown Certificate of Authorization or Waiver (COA) None Other Launch/Recovery System Other Launch/Recovery System Fatel Parver Tail Time Sines: Inspection OPuel-Injected Engine Engine Manufacturer Engine Manufacturer's Manufacturer's and/ddyryp Date of Mity and/ddyryp Total Model/Series Time Sines: Inspection OPuel-Injected Inspection OPuel-Injected Inspection Type Occantrollable Pitch OControllable Pitch OC														
O Airplane (Check all that apply) (Check all that apply) (Check all that apply) (Check all that apply) O Billiono Istandard Restricted Image: Check all that apply) (Check all that apply) </td <td>Catego</td> <td>ry of Aircraft</td> <td></td> <td></td> <td>ertificate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Engin</td> <td>e Type (Se</td> <td>elect one)</td> <td></td>	Catego	ry of Aircraft			ertificate						Engin	e Type (Se	elect one)	
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Örlider					ted			Ret					•	
Of leficitopter OPowerd Lift ORocket UUhnown □ Certificate of Authorization or Waiger (COA) None □ Skid □ Baxgerimental Diskyer (COA) □ None □ Skid □ Float ○ Electric □ Float ○ Electric □ Skid □ Float Engine Bage and Date of Mfg. Certificate of Authorization or Waiger (COA) □ None ○ One ○ One ○ Date of Mfg. ○ Date of Mfg. ○ Carburetor ○ Float ○ Skid Bage 1 Bage 2 Engine Bage 4 Engine Made/Series Maanfacturer's Serial Number ○ Date of Mfg. ○ Date of Mfg. ○ Total Time (tour) Time Sinee: Inspection (tour) Bage 3 0 0-320 E2D L-19440-27A 150 3490.38 11 1720 Bage 3 0 0-20 E2D L-19440-27A 150 3490.38 11 1720 Bage 3 0 0-20 E2D L-19440-27A 150 3490.38 11 1720 Bage 4 0 0-20 E2D L-19440-27A 150 3490.38 11 1720 Bage 4 0-20 E2D L-19440-27A 0-20 E2D 0-20 E2D </td <td></td> <td></td> <td></td> <td>atic Limite</td> <td>d</td> <td></td> <td>Tricycle</td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td>				atic Limite	d		Tricycle							
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O Ultralight O Unknown Carburctor Carburctor O Carburctor O Fuel-Injected O Unknown Imanufacturer's None Imanufacturer's Date Serial Number Imanufacturer's Date Model/Series O Carburctor Time Since: Inspection Overhault (hours) Eng.a Eng.a L-19440-27A 150 3490.36 11 1720 Eng.a L-19440-27A 150 3490.36 11 1720 Eng.a L-19440-27A 150 3490.36 11 1720 Eng.a Last Inspection Type O Continuous Airworthiness O Anual Propeller 1 ØFixed Pitch O Controllable Pitch O Ground Adjustable Propeller 2 O Fixed Pitch O Controllable Pitch O Controllable Pitch O Controllable Pitch O Controllable Pitch O Ground Adjustable Model: Model: Model: Model: Model: Model: I'rame Total Time: 296.5 hrs Model or Part No.: Model: Model: Model: O'Last Inspection O Time of Accident/Incident Tree: I'rame Total Time: 296.5 hrs hours measured at (Select one) O'Time of Accident/Incident Wase ELT still mounted in aircraft? @Yes ONo Modeli or Part No.: Data Recorder					al Light-Sport 🛛 Hull						Fuel Sv	stem Type	Reciprocati	ina)
ODIALIOWN Certificate of Authorization or Waiver (COA) I of the Manufacturer is and of Mig. Certificate of Authorization or Waiver (COA) I of the Manufacturer is of Mig. Certificate of Authorization of Waiver (COA) Engine Engine Engine Engine Manufacturer's strain Number Date Of Mig. Rated Power Total Time Since: Overshaul Eng.1 LYCOMING 0-320 E2D L-19440-27A 150 3490.36 11 1720 Eng.2 Eng.3				Experi	Other La			un al	/Deservery Sur		10000			
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Eng. 2			cturer						mm/dd/yyyyy		Thrust			1
Eng. 3		LYCOMING		0-320 E2D		L-19440-27A				150		3490.36	11	1720
Eng. 4 Propeller 1 OFixed Pitch OControllable Pitch OCONCONCO If Yes: ELT Installed: OYes ONO If Activate: OCI26 (406 MHz) Additional Equipment (Check all that apply) Model or Part No: OCI26 (406 MHz) Manufacturer: Narco OCI26 (406 MHz) Manufacturer: Inspection Pitch Bag or Handheld Device Electronic Flight Bag or Handheld Device Electronic Pitch Display Manufacturer's Inspection Program OChter, specify: Mater Pitch Activate? Did ELT Aid in Locating Aircraft: OYes ONO If not activated: Indicate Reason: Impact Damage Secify: Onboard Weather Stall Warning System OOther, Specify:	-							-			_			
Last Inspection Type Propeller 1								-						
Data Hispection OControllable Pitch OControllable Pitch Olion-Hour Ocontrollable Pitch OGround Adjustable O Annual OUnknown Official Inspection Official Inspection Date Last Inspection: <u>6/1/2014</u> Manufacturer: Sensenich Manufacturer: Imm/dd/yyyy Airframe Total Time: <u>296.5</u> hrs If Yes: It Installed: OYes No O Last Inspection O Time of Accident/Incident If Yes: It Installed: OYes Additional Equipment (Check all that apply) Ainframe Total Time: <u>296.5</u> hrs If Yes: Additional Equipment (Check all that apply) If Yes: It Installed: OYes No Additional Equipment (Check all that apply) Model or Part No.: If Yes: It Installed: OYes No O Conditional (Amateur-built only) Oscient one of Accident/Incident Oscient one of Accident/Incident It activated: Indicativated: Indicativided: Indicativated: Indicativated:		sensation Trune			Propell	er 1				Prop	eller 2			
O AAIP O Conditional Inspection Manufacturer: Sensenich Manufacturer:	and the second		•				-							
O Annual OUnknown Date Last Inspection: 6/1/2014 mm/dd/yyyy Airframe Total Time: 296.5 hors measured at (Select one) If Yes: © Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) Model: w68ETGem O Annual OC126 (406 MHz) O Conditional (Amateur-built only) Oc126 (406 MHz) O Manufacturer's Inspection Program Oc126 (406 MHz) O Other, Approved Inspection Program Was ELT still connected to antenna? OYes ONo If activated: Did ELT Activate? OYes ONo If activated: Informator System O Specify: Did ELT Activate? OYes ONo If activated: Impact Damage O None Specify: </td <td></td> <td></td> <td></td> <td></td> <td>Manufa</td> <td>turar C</td> <td></td> <td colspan="3"></td> <td>stable</td>					Manufa	turar C					stable			
Date Last Inspection: 6/1/2014 mm/dd/yyyy Airframe Total Time: 296.5 hrs hours measured at (Select one) © Last Inspection O Time of Accident/Incident If Yes: Type of Maintenance Program (Select one) If Yes: O Annual Conditional (Amateur-built only) O Annual Ocita Continuous Airworthiness O Other Approved Inspection Program (AAIP) Vas ELT still connected to antenna? OYes ONo If activated: Description of Fire Extinguishing System If not activated: Indicate Reason: Impact Damage If not activated: Impact Damage O Specify: Did ELT Activated:					0									
Airframe Total Time: 296.5 hrs hours measured at (Select one) If Yes: © Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) Model or Part No.: O Annual OC126 (406 MHz) © Conditional (Amateur-built only) OC126 (406 MHz) O Annual Was ELT still mounted in aircraft? OYes ONo O Other Approved Inspection Program (AAIP) Was ELT still connected to antenna? OYes ONo If activated: Did ELT Activate? Did ELT Activate? OYes ONo If activated: Indicate Reason: Indicate Reason: Impact Damage Fire Damage Other, Specify:	Date L	ast Inspection:	6/1/20	14				NI		1				
Airframe Total Time: 296.5			Comment of the Commen								ipment (Check all tha	t apply)	
Indust inclusion of the program (Select one) Model or Part No.:				hrs		ly res.								
Wase LT still mounted in aircraft? OYes ONO O Annual Conditional (Amateur-built only) Oct26 (406 MHz) Data Recorder O Conditional (Amateur-built only) Wase LT still mounted in aircraft? OYes ONO O Other Approved Inspection Program (AAIP) Did ELT Activate? OYes ONO D Other, specify: Did ELT Aid in Locating Aircraft: OYes ONO Description of Fire Extinguishing System If not activated: Indicate Reason: Impact Damage O Specify: Battery Expired/Damaged Other, Specify: Other, Specify:	nouis measured at (beleet one)				1000 Barris 1000 Barris	Model or Part No :					Angle of Attack Indicator			
Type of Maintenance Program (Select one) OC126 (406 MHz) Electronic Flight Bag or Handheld Device O Annual Was ELT still mounted in aircraft? OYes ONo Electronic Multifunction Display O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo Electronic Primary Flight Display O Other Approved Inspection Program (AAIP) Did ELT Activate? OYes ONo Handheld GPS O Other, specify: Did ELT Activate? OYes ONo Heads Up Display If activated: Did ELT Activate? OYes ONo Description of Fire Extinguishing System If not activated: Indicate Reason: None Specify: Endicate Reason: Stall Warning System O Specify: Battery Expired/Damaged Other, Specify:	Time of Accident Incident					The New Cost (Internet) Cost (Internet)					r			
					OC126 (406 MHz)					evice				
O Manufacturer's Inspection Program Was ELT still connected to antenna? O'res O'No Handheld GPS O Other Approved Inspection Program (AAIP) Did ELT Activate? O'res O'No Handheld GPS O Other, specify: Did ELT Aid in Locating Aircraft: O'res O'No Handheld GPS Description of Fire Extinguishing System If not activated: Satellite Tracking Device Indicate Reason: Impact Damage Video Recording Device O Specify: Battery Expired/Damaged Other, Specify:	Conditional (Amateur-built only)					Was ELT still mounted in aircraft? OVes ONo Electronic Multifunction Display								
O Other Approved Inspection Program (AAIP) Did ELT Activate: O Tess Ono Heads Up Display O Continuous Airworthiness If activated: O Other, specify: Onboard Weather O Other, specify: Did ELT Activated: Satellite Tracking Device Description of Fire Extinguishing System If not activated: Satellite Tracking Device None If not activated: Impact Damage O Specify: Fire Damage Other, Specify:	O Manufacturer's Inspection Program				1990 A 200 Test Test Test				? OYes ONo					
O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo □ Onboard weather □ Satellite Tracking Device □ Satellite Tracking Device □ Stall Warning System □ None ○ Specify: □ Impact Damage □ Fire Damage □ Stall Warning System □ Did ELT Aid in Locating Aircraft: OYes ONo □ Onboard weather □ Satellite Tracking Device □ Stall Warning System □ Video Recording Device □ Other, Specify: □ Did ELT Aid in Locating Aircraft: OYes ONo					The second s			He			Heads Up Display			
Description of Fire Extinguishing System If not activated: Istachic Fire Stall Warning System Indicate Reason: Impact Damage Video Recording Device Specify: Fire Damage Other, Specify:							ocating Aircra	ft:	Onboard Weather					
Indicate Reason: Impact Damage Video Recording Device Specify: Fire Damage Other, Specify:			tinguishing	System						Stal	1 Warning	System		
O Specify: Damage Other, Specify: Battery Expired/Damaged				~, otom			Impact Dar	mag	e	Vid	eo Record	ing Device		
	O Spec	ify:					Fire Damag	ge		Oth	er, Specify	y:		
							Battery Exp Unknown	pire	d/Damaged					

OWNER/OPERATOR INFORM	ATION		N LE				
Registered Aircraft Owner		City: Bangor					
Name: Mark Melnick/ Richard Beltz							
Fractional Ownership Aircraft: • Yes) No	Country: USA					
Operator of Aircraft Same As R	egistered Owner	Same Address as Registered Owner					
Name: Richard Beltz		City: Lehighton					
Doing Business As:		State: <u>PA'</u> ZIP: <u>18235</u>	- 9				
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un						
 ☑ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo 	©FAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	A 431 O Non-Scheduled or Air Taxi O International					
□ Foreign Air Carriers (FAR 129) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135) □ On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only					
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141)	OPublic Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)					
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown	O Aerial Application OFirefighting O Unknown O Aerial Observation OFlight Test OGlider Tow O Air Race/Show O Instructional OBanner Tow O Business OPersonal OPositioning					
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving OFerry					
O Yes O No	O Yes O No						
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airpor	t)				
Airport Name:							
Airport Identifier:		Direction From Airport: degrees true					
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: ft. msl					
Runway Information		Condition of Runway/Landing Surface (Check all that apply)					
Runway ID:(L/R/C) Length:	ft Width:ft	Dry Snow-Compacted Water-Calm					
Runway/Landing Surface (Check all that description of the second sec	idam ☐ Water I/Wood _	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 OTakeoff OInitial Climb	edure/Clearance OOn Instrument Ap	pproach 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	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 Stop					

"FLIGHT CREWME	MBER 1" INF	ORMATIC	ON				IT S STEWS	22.4	194 - 17 V	
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ⊙ Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" v	vas pilot flying	□Yes □ N	0							
"Flight Crewmember 1" I	dentification									
First Name: Richard				C	City of Re	sidence: L	ehighton			
Middle Initial: R	-			S	state: PA			ZIP: 1823	5	
Last Name: Beltz					Country:					
Age at time	of Accident/Incide	nt: 43	Date of E		197		m/dd/yyyy			
			rtificate Num							
Degree of Injury	Seat Occup	100 C 10			traint Ty	me			Inflatable R	estraints
O None O Fatal	O Left	• Front	O Unknow	120	Available		Used		Inflatable Restraints	
Minor O Unknown	O Right	O Rear			ONone	6	ONone		Not Inst	alled
O Serious	O Center	O Single			O Lap or		O Lap onl	у	□ Installed □ Not Dep	
Pilot Certificate(s) (Check					O 3-poin O 4-poin		O3-point O4-point		Deploye	
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Student Sport		Flight Engineer			O Unknown O Unknown					
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Principal Occupation O Pilot		Class 3				nitations/wai		nknown	Date of Las	e Meurear
⊙ Other		Driver's Licer	nse (Sport Pilot	only) OW	Vith limitat	tions/waiver			6/19/201	
O Unknown	⊙ Class 2 C) Unknown		Os	pecial Issu	lance			mm/dd/yy	עע
Medical Certificate Limita	ations									
Medical Certificate Specia	Issuance									
internet of the open										
Date of Last Flight Review	v	Flight	Review Airc	roft						
or Equivalent, Including										
FAR 121/135 Checks:	8-2013	Make: Model:	1-1-14-1-1							
the lass Bather()	mm/dd/yyyy Other Aircraf		1	Defference)			D. H			
Airplane Rating(s) (Check all that apply)	(Check all that a			ent Rating(s) 1 that apply)						
□ None	None None		□ None	(inter approv		□ None □ Instrument Airplane				
Single-Engine Land	Airship		Airpla		Airplane Single-Engine Instrument Helicopter					Ielicopter
 Single-Engine Sea Multiengine Land 	 Balloon Glider 		Helico			Gyropla	e Multi-Engi	ne E	Helicopter Glider	
Multiengine Sea	Gyroplane		LITOWER	ou Lin		D Powered			Sport	
	Helicopter Powered Lift									
Type Ratings	- Fowered Litt				Student Endorsements (Include dates)					
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			Alentene			-				
Flight Time (Enter appropria		This Make	Airplane Single	Airplane	STRATE AND		rument	12000		Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	2,800	23	1,500	1,000	300	200	180	3	300	
Pilot in Command (PIC)			_							
Time as Instructor										
This Make/Model		A CONTRACTOR						and the second		
Last 90 Days						-				
Last 30 Days Last 24 Hours										
1491 24 11/413						L				
				5						

"FLIGHT CREWMEMI	BER 2" INFOR	MATION		ALL REAL	現在的で			STRUCT	10.00	
"Flight Crewmember 2" Res				ident						
		Flight Instr		Check Pilo	t OFli	ght Engineer	O Other I	Flight Crew		
"Flight Crewmember 2" was	pilot flying	es 🗆 No)							
"Flight Crewmember 2" Iden	ntification									
First Name:					City of Re	esidence:				
Middle Initial:					State:	2000	7	IP:		
Last Name:					- C					
	ccident/Incident:					mn				
Age at time of A	ceiden/incident.					"				
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O None O Fatal	Seat Occupied OLeft	Front	OUnknow		lestraint I				innatable r	testraints
O Minor O Unknown	O Right C	Rear	Control		Availab O Non		O None		□ Not Inst	alled
O Serious	O Center C	Single			OLap		O Lap only	y I	□ Installed	
Pilot Certificate(s) (Check all	that apply)				O 3-po		O 3-point		Not Dep	
None Flight In			US Mi		O 4-po O 5-po		O 4-point O 5-point		Deploye	
Private Recreati Student Sport	Flight	e Transport Engineer	Foreign	n	O Unk		O Unknow	vn		
		Engineer								
Principal Occupation M	ledical Certificate			N	fedical Co	ertificate Va	lidity		Date of Las	t Medical
O The	None O Clas					mitations/wai		nknown		
	Class 1 O Driv Class 2 O Unk		(Sport Pilot		Special Is	tations/waivers	S ON	/A	mm/dd/yyyy	
Medical Certificate Limitatio					optimi					
Medical Certificate Emilian	7115									
Medical Certificate Special I	ssuance									
Date of Last Flight Review		Flight R	eview Airc	raft						
or Equivalent, Including		-								
FAR 121/135 Checks:		and the second								
	mm/dd/yyyy	Model:				-	-			
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)	ing(s)		ent Rating (that apply)		Instructor (Check all th				
□ None	□ None		□ None	(inal apply)		□ None	iai appiy)		Instrument A	imlane
□ Single-Engine Land	Airship		Airplan	ne			Single-Engir	ne 🗖	Instrument H	
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Type Ratings						Student En	ndorsement	ts (Include d	lates)	
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Flight Time (Enter appropriate		Make	Single	Airplane			rument		Clinton	Lighter
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This Make/Model						-	-		and the second second	
Last 90 Days						-				
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Last 24 Hours										

ADDITIONAL FL	IGHT CREWMEN	MBERS	(Exclusive	e of cabin cro	ew, complete	the followin	g information)	E. Isain	and the second sec	
Crew Name and Ad	¥						Seat Occupie	d	Injury	
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Middle Initial:			te:	2	ZIP:		O Center O Right	O Minor O Serious		
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Last Hame.						-			O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Tyj Available	pe: Used	Inflatable Restraints	
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Private Student	Recreational		rline Transp		eign		O Lap Only O 3-point	O Lap Only O 3-point	☐ Installed	
Student Sport Flight Engineer						O4-point	O 4-point	 Not Deployed Deployed 		
Type Rating/Endors	sement for			light Time at			O 5-point O Unknown	O 5-point O Unknown	Unknown	
Accident/Incident A	ircraft? 🛛 Yes	No No	of this A	Accident/Inci	dent:	hrs	••••••	•		
Crew Name and Ad	dross	11000					Seat Occupie	d	Injury	
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Pilot Certificate(s)	(Check all that apply)						Restraint Ty Available	pe: Used	Inflatable Restraints	
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Name and Address	/ OTHER PERSO	DNNEL	(Include c	sabin crew; c	ontinue on s Injury	Restraint T	уре	Inflatable Restraints	Age	
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FLIGHT ITINERARY	INFORMATIO	N				Same and		- Marc	
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City: Lehighton	Time	: 0635 PM	City: Lehi	ghton		O Company O Military		O IFR O Unki	
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Type of ATC Clearance/Set	rvice (Check all that	apply)							
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Airspace where the acciden	t/incident occurred						Altitud	de of In-	Flight
Class A	Class G	D Mil	litary Operations	Area (MOA)	Special		Occur		
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(Check all that apply)				Facility ID:					
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Commercial Weather Service	e (DUATS) 🗖 Unk	nown			Accident Site:			true	
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NOTAMs (D and FDC),	AIRMETS SIGN	TETS. PIREP	s in effect at	the time of t	he accident/incid	lent:			
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			8						

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
O None
O Minor
O Destroyed
O Unknown

Aircraft Fire None In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown Aircraft Explosion ⊙ None

O In-Flight O On-Ground O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Firewall pulled forward by gear legs being pulled back. The pivot point of the gear leg was the bottom section of the engine mount which also broke. Right wingtip leading edge pushed in. canopy broken, top of vertical fin damaged. Elevator damaged by good samaritans who lifted there to allow me to get out of cockpit. Propeller was broken when flipped upside down.

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

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

On Thursday, August 21, 2014 at 6:30 pm, I decided to fly my RV-4 around the valley after getting finished with work and before heading home to eat my dinner. I was expecting a 15 minute flight and thought to myself it will probably take longer to get the hangar doors open. pull the aircraft out, preflight and then have to put it away when done then the flight would take. Preflight consisted of checking the fuel level in the tanks visually, checking the oil level and giving the airframe a quick once over. I observed about an inch and a half of fuel looking in the fuel caps which due to dihedral and my previous experience fueling this aircraft equated to just less than half tanks. Fuel capacity is 32 gallons in this aircraft which meant I had about 1.5 hours of fuel at cruise power (0-320). Engine started normally, oil pressure was good, and mag check was good. I departed 14N to the west and climbed to 2000ft MSL. I switched to the left tank once reaching level flight. I flew over to 22N then turned north and then east. I flew along the north side of Beltzville Lake and upon reaching the east end of the lake decided to head to Pegasus airport and then home. Approximately one minute after that the engine sputtered and guit. I turned on the fuel pump, switched to "both" and then to right tank while the prop was windmilling. I pumped the throttle and tried different throttle settings but to no avail. I saw a fresh cut field to the north of me about 1/2 mile away and decided that was my best option. On base for the cut field I decided to stop messing with the engine and concentrate on landing. I pulled the nose up, slowing, which allowed the prop to stop. I put 1/2 flaps out and was flying at around 80 mph. Turning final for the cut field I was disappointed to see the field I had chosen sloped from right to left at about a 20 degree angle and sloped down toward a house. I put the rest of the flaps out, turned off the master and cinched my shoulder belts. I turned slightly left, deciding that the flat green field that bordered the cut field was my only other option. I touched down in about the center of the field and immediately came to a stop on my back. The field which looked to be about 12 inches of green from 200 feet turned out to be 30 inches of soybeans. I released my belts, dropping to the ground. The canopy was broken so I started digging my way out with a piece of the canopy. A neighbor came and lifted the tail allowing me to squeeze out the hole in the canopy. The only injuries sustained were minor, some cuts from crawling out the hole in the canopy and a bruise on my right thigh and right arm.

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RECOMMENDATION (How		ccident/incident h	ave been prev	vented?)			A 3 3 4 1	The second se
Operator/Owner Safety Recomm	endation							
Not sure why engine quit.								
MECHANICAL MALFUN	NCTION/F	AILURE (If mo	re space is no	eeded, co	ontinue on sepa	rate sheet)		
Was there Mechanical Malfund							Total Time	e/Cycles
(If yes, list the name of the part, manual	ufacturer, part	no., serial no., and de	escribe the failu	re.)			On Part	
Not sure at this time								Hours
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FUEL & SERVICES INF	ORMATIC)N	The second second	1-1-1	Harris and the second	A STATISTICS		and the second
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)		O 80/87	O 115/145		O Jet B	O Other, specify		
14 gallons	Gallons	100 Low Lead 100/130	O Jet A O Jet A-1		O JP8 O Automotive			
		0 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure							
EVACUATION OF AIRC	RAFT	A STATE OF	A STATE OF	1. Proven		State State State		1
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Method of Exit - Describe how	12	s exited and now m	any occupants	s evacuate	ed each location			
Crawled out thru broken cano	ру.							
OTHER AIRCRAFT - C	OLLISION	(If air or ground	collision occ	urred. co	mplete this sec	tion for other aircra	aft)	The second
Aircraft Registration Number						D	mage to Othe	r Aircraft
Aircraft Registration Number		rer:					Destroyed	Minor
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Registered Owner of Other Air	rcraft			Pilot of	Other Aircraft			
Name:								
City:ZIP:ZIP:				City:		ZIP:		
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ADDITIONAL INFORMATION (Please type or print in ink)

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

I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE
Date of this Report		Pilot/Operator: Richard R. Beltz		
9/21/2014	Signature	:		
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NTSB Accident/Inci ERA14LA402	dent No.	Reviewed by NTSB Regional Office ERA Aviation	Name of Investigator Allison Diaz	Date Report Received 9/21/2014