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
Nearest City/Place: Detroit lakes State: MN
ZIP: 56501 Country: USA
Latitude: 46.824 Longitude: -95.882
(Enter in decimal degrees or degrees, minutes, seconds)

Accident/Incident Date/Time
Date: 04/5/17 *mm dd yyyy* Local Time: 19:10
Time Zone: Central

Collision with Other Aircraft: ○ Midair ○ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N1215M
Manufacturer: CESSNA
Model: CT210M
Serial Number: 21061924
Year of Manufacture: 1977
Amateur-Built: ○ Yes ☒ No *If Yes:* ○ Kit/Plans ○ Original Design Make:

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 3800 lbs
Weight at Time of Accident/Incident: 3100 lbs
Number of Seats: 5 Flight Crew Seats:
Cabin Crew Seats: Passenger Seats:
Number of Engines: 1

Category of Aircraft
☒ Airplane
○ Balloon
○ Blimp/Dirigible
○ Glider
○ Gyroplane
○ Helicopter
○ Powered Lift
○ Rocket
○ Ultralight
○ Unknown

Type of Airworthiness Certificate *(Check all that apply)*

Standard	Special
☒ Normal	☐ Restricted
☐ Aerobatic	☐ Limited
☐ Balloon	☐ Provisional
☐ Commuter	☐ Special Flight
☐ Transport	☐ Experimental
☐ Utility	☐ Special Light-Sport
	☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None ☐ Unknown

Landing Gear *(Check all that apply)*
☒ Retractable
☐ Tricycle ☐ Tailwheel
☐ Amphibian ☐ High Skid
☐ Emergency Float ☐ Skid
☐ Float ☐ Ski
☐ Hull ☐ Ski/Wheel
☐ Other Launch/Recovery System
☐ None ☐ Unknown

Engine Type *(Select one)*
☒ Reciprocating ○ Turbo Shaft ○ Turbo Prop ○ Turbo Jet ○ Turbo Fan ○ Electric
○ Liquid Rocket ○ Solid Rocket ○ Hybrid Rocket ○ None ○ Unknown

Fuel System Type *(Reciprocating)*
○ Carburetor ☒ Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. *mm dd yyyy*	Rated Power ☒ Horsepower or ○ lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	Continental	TSIO-520	506196-05	2002	300	5870	1	1537
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
○ 100-Hour ○ Continuous Airworthiness
○ AAIP ○ Conditional Inspection
☒ Annual ○ Unknown
Date Last Inspection: 08/29/2016 *mm dd yyyy*
Airframe Total Time: 5810 hrs
hours measured at *(Select one)*
○ Last Inspection ☒ Time of Accident/Incident

Type of Maintenance Program *(Select one)*
☒ Annual
○ Conditional (Amateur-built only)
○ Manufacturer's Inspection Program
○ Other Approved Inspection Program (AAIP)
○ Continuous Airworthiness
○ Other, specify:

Description of Fire Extinguishing System
☒ None
○ Specify:

Propeller 1 ○ Fixed Pitch ☒ Controllable Pitch ○ Ground Adjustable
Manufacturer: McCauley
Model: 3AF32C87

Propeller 2 ○ Fixed Pitch ○ Controllable Pitch ○ Ground Adjustable
Manufacturer:
Model:

ELT Installed: ☒ Yes ○ No
If Yes:
ELT Manufacturer:
Model or Part No.: BS2173
TSO No.: ○ C91 (121.5 MHz) ○ C91a (121.5 MHz) ○ C126 (406 MHz)
Was ELT still mounted in aircraft? ☒ Yes ○ No
Was ELT still connected to antenna? ☒ Yes ○ No
Did ELT Activate? ○ Yes ☒ No
If activated:
Did ELT Aid in Locating Aircraft: ○ Yes ☒ No
If not activated:
Indicate Reason: ☐ Impact Damage ☐ Fire Damage ☐ Battery Expired/Damaged ☐ Unknown

Additional Equipment *(Check all that apply)*
☐ ADS-B
☐ Airframe Parachute
☐ Angle of Attack Indicator
☒ Autopilot
☐ Data Recorder
☐ Electronic Flight Bag or Handheld Device
☐ Electronic Multifunction Display
☐ Electronic Primary Flight Display
☐ Handheld GPS
☐ Heads Up Display
☐ Onboard Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify:

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner
Name: Great Plains leasing, LLC
Fractional Ownership Aircraft: ○ Yes ☒ No

City: Dickenson
State: ND ZIP: 58601
Country: USA

Operator of Aircraft ☒ Same As Registered Owner
Name:
Doing Business As:
Air Carrier/Operator Designator (4 Character Code):

☒ Same Address as Registered Owner
City:
State: ZIP:
Country:

Operating Certificates Held *(Check all that apply)*
☒ 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)
☐ On-Demand Air Taxi (FAR 135)
☐ 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

Regulation Flight Conducted Under
☒ FAR 91 ○ FAR 129 ○ FAR 415
○ FAR 103 ○ FAR 133 ○ FAR 431
○ FAR 121 ○ FAR 135 ○ FAR 435
○ FAR 125 ○ FAR 137 ○ FAR 437
○ FAR 91 Special Flight
○ Non-US, Commercial
○ Non-US, Non-commercial
○ Public Aircraft *(Select one)*
○ Armed Forces
○ Federal
○ State
○ Local
○ Unknown

Revenue Operation for FAR 121, 125, 129, 135
(Select one for each group)
○ Scheduled or Commuter ○ Domestic
○ Non-Scheduled or Air Taxi ○ International
○ Passenger
○ Cargo
○ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137
(Select one)
○ Aerial Application ○ Firefighting ○ Unknown
○ Aerial Observation ○ Flight Test
○ Air Drop ○ Glider Tow
○ Air Race/Show ○ Instructional
○ Banner Tow ○ Other Work Use
○ Business ☒ Personal
○ Executive/Corporate ○ Positioning
○ External Load ○ Skydiving
○ Ferry

Revenue Sightseeing Flight
○ Yes ☒ No

Air Medical Flight
○ Yes ☒ No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: Detroit Lakes Wethrog Field
Airport Identifier: KDTL
Proximity to Airport: ○ Off Airport/Airstrip ☒ On Airport/Airstrip ○ N/A

Distance From Airport Center: 0 sm
Direction From Airport: 0 degrees true
Airport Elevation: 1397 ft. msl

Runway Information
Runway ID: 31 (L/R/C) Length: 4500 ft Width: 75 ft

Runway/Landing Surface *(Check all that apply)*
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

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)*
○ Taxi ○ VFR Departure ○ On Instrument Approach ○ Downwind ○ Low Approach
○ Takeoff ○ IFR Departure Procedure/Clearance ☒ Landing ○ Base ○ Go Around
○ Initial Climb ○ Final ○ Aborted Landing (after touchdown)
○ Crosswind ○ Unknown

IFR Approach *(Check all that apply)*
☒ None
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS
☐ VOR/TVOR ☐ ILS ☐ ASR
☐ VOR/DME ☐ Localizer Only ☐ Visual
☐ TACAN ☐ LOC-back course ☐ Contact
☐ RNAV ☐ Circling
☐ Unknown

VFR Approach *(Check all that apply)*
☐ None
☒ 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

HT CREWMEMBER 1" INFORMATION

t Crewmember 1" Responsibilities at the Time of Accident/Incident
☒ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

Flight Crewmember 1" was pilot flying ☒ Yes ☐ No

Flight Crewmember 1" Identification

First Name: ANDREW
Middle Initial: M
Last Name: SKATVOLD

City of Residence: Moorhead
State: MN ZIP: 56560
Country: USA

Age at time of Accident/Incident: 39 Date of Birth: [redacted] mm/dd/yyyy
Certificate Number: [redacted]

Degree of Injury
☒ None ○ Fatal ○ Minor ○ Unknown ○ Serious

Seat Occupied
☒ Left ○ Front ○ Unknown ○ Right ○ Rear ○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
☒ Lap only	☒ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
○ Pilot ☒ Other ○ Unknown

Medical Certificate
○ None ○ Class 3 ○ Class 1 ○ Driver's License (Sport Pilot only) ☒ Class 2 ○ Unknown

Medical Certificate Validity
☒ Without limitations/waivers ○ Unknown ○ With limitations/waivers ○ N/A ○ Special Issuance

Date of Last Medical
07/25/2016 mm/dd/yyyy

Medical Certificate Limitations
None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 07/31/2016 mm/dd/yyyy

Flight Review Aircraft
Make: CESSNA
Model: 340A

Airplane Rating(s) *(Check all that apply)*
☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☒ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☒ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	10829	1	468.4	610.4	135	80.7	10.6			
Pilot in Command (PIC)	3005	1	132	168	—	80.7	10.6			
Time as Instructor										
This Make/Model										
Last 90 Days	64.3	—	1.6	62.7	—	3.7	—			
Last 30 Days	9.0	—	1.6	7.4	—	1.0	—			
Last 24 Hours	2.0	—	0	2.0	—	—	—			

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident
○ Pilot ○ Co-Pilot ○ Student Pilot ○ Flight Instructor ○ Check Pilot ○ Flight Engineer ○ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

Degree of Injury
○ None ○ Fatal
○ Minor ○ Unknown
○ Serious

Seat Occupied
○ Left ○ Front ○ Unknown
○ Right ○ Rear
○ Center ○ Single

Restraint Type

Available	Used
○ None	○ None
○ Lap only	○ Lap only
○ 3-point	○ 3-point
○ 4-point	○ 4-point
○ 5-point	○ 5-point
○ Unknown	○ Unknown

Inflatable Restraints
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

Pilot Certificate(s) *(Check all that apply)*
☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign
☐ Student ☐ Sport ☐ Flight Engineer

Principal Occupation
○ Pilot
○ Other
○ Unknown

Medical Certificate
○ None ○ Class 3
○ Class 1 ○ Driver's License (Sport Pilot only)
○ Class 2 ○ Unknown

Medical Certificate Validity
○ Without limitations/waivers ○ Unknown
○ With limitations/waivers ○ N/A
○ Special Issuance

Date of Last Medical _____ *mm/dd/yyyy*

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ *mm/dd/yyyy*

Flight Review Aircraft
Make: _____
Model: _____

Airplane Rating(s) *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s) *(Check all that apply)*
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s) *(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) *(Check all that apply)*
☐ None
☐ Airplane Single-Engine
☐ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☐ Instrument Airplane
☐ Instrument Helicopter
☐ Helicopter
☐ Glider
☐ 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: Actual	Instrument: Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

...ONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

...Name and Address

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

- O Left
- O Center
- O Right
- O Front
- O Rear
- O Single
- O Unknown

Injury

- O None
- O Minor
- O Serious
- O Fatal
- O Unknown

Pilot Certificate(s) *(Check all that apply)*

- ☐ None
- ☐ Private
- ☐ Student
- ☐ Flight Instructor
- ☐ Recreational
- ☐ Sport
- ☐ Commercial
- ☐ Airline Transport
- ☐ Flight Engineer
- ☐ US Military
- ☐ Foreign

Restraint Type:

Available	Used
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints

- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

---

Crew Name and Address

First Name: ____________ City of Residence: ____________

Middle Initial: ______ State: ________ ZIP: ________

Last Name: ____________ Country: ____________

Seat Occupied

- O Left
- O Center
- O Right
- O Front
- O Rear
- O Single
- O Unknown

Injury

- O None
- O Minor
- O Serious
- O Fatal
- O Unknown

Pilot Certificate(s) *(Check all that apply)*

- ☐ None
- ☐ Private
- ☐ Student
- ☐ Flight Instructor
- ☐ Recreational
- ☐ Sport
- ☐ Commercial
- ☐ Airline Transport
- ☐ Flight Engineer
- ☐ US Military
- ☐ Foreign

Restraint Type:

Available	Used
O None	O None
O Lap Only	O Lap Only
O 3-point	O 3-point
O 4-point	O 4-point
O 5-point	O 5-point
O Unknown	O Unknown

Inflatable Restraints

- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No

Total Flight Time at the Time of this Accident/Incident: ________ hrs

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available:** 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available:** 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available:** 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown
First Name: ______ City: ______ Middle Initial: ______ State: ____ ZIP: ______ Last Name: ______ Country: ______ O Crew O Passenger O Other	O Left O Center O Right O Unknown Row: ____	O None O Minor O Serious O Fatal O Unknown	**Available:** 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	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years *If Under 5,* O Child Restraint O Lap-Held O Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point
Airport ID: KFFM
City: Moorhead
State: MN
Country: USA

Time of Departure
Time: 1:50
Time Zone: Central

Destination
Airport ID: KDTL
City: Detroit Lakes
State: MN
Country: USA

Type Flight Plan Filed
- [x] None
- [ ] Company VFR
- [ ] Military VFR
- [ ] VFR
- [ ] VFR/IFR
- [ ] IFR
- [ ] Unknown

Activated? [ ] Yes [ ] No [ ] Unknown

Type of ATC Clearance/Service *(Check all that apply)*
- [x] None
- [ ] VFR
- [ ] Special VFR
- [ ] IFR
- [ ] Special IFR
- [ ] VFR On Top
- [ ] VFR Flight Following
- [ ] Traffic Advisory
- [ ] Cruise
- [ ] Unknown / NA

Airspace where the accident/incident occurred *(Check all that apply)*
- [x] Class A
- [ ] Class B
- [ ] Class C
- [ ] Class D
- [x] Class E
- [ ] Class G
- [ ] Demo Area
- [ ] Warning Area
- [ ] Prohibited Area
- [ ] Restricted Area
- [ ] Military Operations Area (MOA)
- [ ] Airport Advisory Area
- [ ] Jet Training Area
- [ ] TRSA
- [ ] FAR 93
- [ ] Special
- [ ] Air Traffic Control Area
- [ ] Unknown

Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information *(Check all that apply)*
- [ ] National Weather Service
- [ ] Flight Service Station
- [ ] TV/Radio
- [x] Automated Report
- [ ] Commercial Weather Service (DUATS)
- [ ] On-Board Weather
- [ ] Company
- [ ] Military
- [x] Internet
- [ ] None
- [ ] Unknown

Weather Observation Facility
Facility ID: KDTL
Observation Time: 14:00
Time Zone: Central
Distance from Accident Site: — nm
Direction from Accident Site: — degrees true

Basic Conditions
- [x] VMC
- [ ] IMC
- [ ] Unknown

Light Condition
- [ ] Dawn
- [x] Day
- [ ] Dusk
- [ ] Night
- [ ] Dark Night
- [ ] Bright Night
- [ ] Unknown

Sky/Lowest Cloud Condition
- [x] Clear
- [ ] Few
- [ ] Partial Obscuration
- [ ] Scattered
- [ ] Thin Broken
- [ ] Thin Overcast
- [ ] Unknown

Lowest Cloud Condition Height _____ ft agl

Ceiling
- [x] None (Clear)
- [ ] Broken
- [ ] Overcast
- [ ] Obscured
- [ ] Indefinite
- [ ] Unknown

Ceiling Height _____ ft agl

Temperature: _____ (C) or _____ (F)
Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg or _____ MB

Wind Direction
- [ ] Variable

-or- Direction 320 degrees true

Wind Speed
- [ ] Calm
- [ ] Light and Variable

-or- Speed 12 kts

Wind Gusts
- [x] Not Gusting

-or- Speed _____ kts

Visibility 10 miles
RVR: _____ feet
RVV: _____ miles
Density Altitude: _____ ft

Intensity of Precipitation
- [ ] Light
- [ ] Moderate
- [ ] Heavy
- [ ] N/A
- [ ] Unknown

Type of Precipitation *(Check all that apply)*
- [x] None
- [ ] Rain
- [ ] Snow
- [ ] Hail
- [ ] Rain Showers
- [ ] Drizzle
- [ ] Ice Pellets
- [ ] Snow Pellets
- [ ] Snow Grains
- [ ] Ice Crystals
- [ ] Freezing Rain
- [ ] Snow Shower
- [ ] Ice Pellets Shower
- [ ] Freezing Drizzle

Restriction to Visibility *(Check all that apply)*
- [x] None
- [ ] Blowing Dust
- [ ] Blowing Sand
- [ ] Blowing Snow
- [ ] Blowing Spray
- [ ] Dust
- [ ] Fog
- [ ] Ground Fog
- [ ] Haze
- [ ] Ice Fog
- [ ] Smoke
- [ ] Unknown

Icing Forecast

Amount	Type
[x] None	[ ] N/A
[ ] Trace	[ ] Rime
[ ] Light	[ ] Clear
[ ] Moderate	[ ] Mixed
[ ] Severe	[ ] Unknown
[ ] Unknown	

Icing Actual

Amount	Type
[x] None	[ ] N/A
[ ] Trace	[ ] Rime
[ ] Light	[ ] Clear
[ ] Moderate	[ ] Mixed
[ ] Severe	[ ] Unknown
[ ] Unknown	

Turbulence

Type *(Check all that apply)*	Severity
[x] None	[ ] Light
[ ] Clear Air	[ ] Moderate
[ ] Terrain-Induced	[ ] Severe
[ ] Convective Turbulence	[ ] Extreme

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

AGE TO AIRCRAFT AND OTHER PROPERTY

craft Damage
- None
- Minor
- Substantial
- Destroyed
- Unknown

Aircraft Fire
- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Fire at Unknown Time
- Unknown

Aircraft Explosion
- None
- In-Flight
- On-Ground
- Both Ground and In-Flight
- Explosion at Unknown Time
- Unknown

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

- Right Wing HP Scrapes
- Scrapes on Bottom
- Bent Right Main gear
- Bent Right Horizontal Stabilizer

No Other property Damage

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.

Aircraft was having intermittent gear issues prior to flight Reported by Pilot gear light would have would go off and on. Plane was being moved to maintenance Base without Cycling gear. upon touch Down in KDTL Plane wing lowered on left side then was stabilized. Right gear slowly started to collapse and centerline Could not longer be held. Plane veered to the right into grass. exit from plane Was made.

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? ☒ Yes ☐ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Right main gear Collapsed

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ Gallons

Fuel Type

○ 80/87 ○ 115/145 ○ Jet B ○ Other, specify _____

○ 100 Low Lead ○ Jet A ○ JP8

○ 100/130 ○ Jet A-1 ○ Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location

Secured Plane Father/Key off exit Aircraft

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number _____

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed ☐ Minor

☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report	Name of Pilot/Operator: Aryan M. Skotdal
04/12/2017 (mm dd yyyy)	Signature: [redacted]
	-- or -- ☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____ Title: _____

Signature: _____

-- or -- ☐ Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN17LA148	CEN	Sauer	04/14/2017