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: ELENDALE   State: MN

ZIP: 56026   Country: USA

Latitude: 43.898621   Longitude: -93.347558

(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 02/02/2017   Local Time: 7:55
mm/dd/yyyy

Time Zone: CDT

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

AIRCRAFT INFORMATION

Registration Number: N9149V

Manufacturer: MOONEY

Model: M20C RANGER

Serial Number: 690026

Year of Manufacture: 1969

Amateur-Built: ○ Yes   *If Yes:* ○ Kit/Plans   Make: _____
○ No   ○ Original Design

☑ **IFR-Equipped and Certified**
☐ **Commercial Space Flight**
☐ **Unmanned Aircraft**

Maximum Gross Weight: 2575 lbs

Weight at Time of Accident/Incident: 1925 lbs

Number of Seats: 4   Flight Crew Seats: _____
Cabin Crew Seats: 1   Passenger Seats: 3

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
☑ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility

Special
☐ Restricted
☐ Limited
☐ Provisional
☐ Special Flight
☐ Experimental
☐ 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   ○ Liquid Rocket
○ Turbo Shaft   ○ Solid Rocket
○ Turbo Prop   ○ Hybrid Rocket
○ Turbo Jet   ○ None
○ Turbo Fan   ○ Unknown
○ Electric

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)	Overhaul (hours)
Eng. 1	LYCOMING	O-360-A1D	RL-13741-36A	1/30/2003	180	1184	83	1184
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

○ 100-Hour   ○ Continuous Airworthiness
○ AAIP   ○ Conditional Inspection
◉ Annual   ○ Unknown

Date Last Inspection: 2/2/2016
mm/dd/yyyy

Airframe Total Time: 3081 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: HARTZELL

Model: HC-C2YR-1BFP/F7497

Propeller 2   ○ Fixed Pitch
○ Controllable Pitch
○ Ground Adjustable

Manufacturer: _____

Model: _____

ELT Installed: ◉ Yes   ○ No

If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
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: DANIEL BASS

Fractional Ownership Aircraft: ○ Yes ◉ No

City: WINONA

State: MN   ZIP: 55987

Country: USA

Operator of Aircraft   ☑ *Same As Registered Owner*   ☑ *Same Address as Registered Owner*

Name: _____

Doing Business As: _____

Air Carrier/Operator Designator (4 Character Code): _____

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: _____
Airport Identifier: _____
Proximity to Airport: ○ Off Airport/Airstrip   ○ On Airport/Airstrip   ○ N/A

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

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ 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

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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

"FLIGHT CREWMEMBER 1" INFORMATION

"Flight 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: DANIEL　　　　　　　　　　　City of Residence: WINONA

Middle Initial: J　　　　　　　State: MN　　　　　ZIP: 55987

Last Name: BASS　　　　　　　　Country: USA

Age at time of Accident/Incident: 39　　　Date of Birth: ▉▉▉▉ *mm/dd/yyyy*

Certificate Number: ▉▉▉▉

Degree of Injury	Seat Occupied	Restraint Type	Inflatable Restraints

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
08/30/2016
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 04/18/2015
mm/dd/yyyy

Flight Review Aircraft
Make: FAIRCHILD
Model: F-24

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　☐ Instrument Airplane
☑ Airplane Single-Engine　☐ Instrument Helicopter
☐ Airplane Multi-Engine　☐ Helicopter
☐ Gyroplane　☐ Glider
☐ Powered Lift　☐ 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	2,180	680	2,178	2	300	75	55			
Pilot in Command (PIC)	2,138	680	2,138		300	75	55			
Time as Instructor	135	0	135		15					
This Make/Model	▉	▉	▉	▉	85	73	15	▉	▉	
Last 90 Days	20	20	20		3					
Last 30 Days	11	11	11		1					
Last 24 Hours	4	4	4		1					

"FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident
O Pilot   O Co-Pilot   O Student Pilot   O Flight Instructor   O Check Pilot   O Flight Engineer   O 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	**Seat Occupied**	**Restraint Type**		**Inflatable Restraints**

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

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

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

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

Principal Occupation
O Pilot
O Other
O Unknown

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

Medical Certificate Validity
O Without limitations/waivers   O Unknown
O With limitations/waivers   O N/A
O 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   ☐ Instrument Airplane
☐ Airplane Single-Engine   ☐ Instrument Helicopter
☐ Airplane Multi-Engine   ☐ Helicopter
☐ Gyroplane   ☐ Glider
☐ Powered Lift   ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time *(Enter appropriate number of hours in each box)*	**All Aircraft**	**This Make & Model**	**Airplane Single Engine**	**Airplane Multiengine**	**Night**	**Instrument**		**Rotorcraft**	**Glider**	**Lighter Than Air**
						Actual	**Simulated**			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model	■	■	■	■				■	■	■
Last 90 Days										
Last 30 Days										
Last 24 Hours										

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

Crew Name and Address

First Name: _____   City of Residence: _____

Middle Initial: _____   State: _____   ZIP: _____

Last Name: _____   Country: _____

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

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

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

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

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

Total Flight Time at the Time of this Accident/Incident: _____hrs

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

Crew Name and Address

First Name: _____   City of Residence: _____

Middle Initial: _____   State: _____   ZIP: _____

Last Name: _____   Country: _____

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

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

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

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

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

Total Flight Time at the Time of this Accident/Incident: _____hrs

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

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

Name and Address	Seat	Injury	Restraint Type Available	Used	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	O None O Lap Only O 3-point O 4-point O 5-point O Unknown	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	O None O Lap Only O 3-point O 4-point O 5-point O Unknown	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	O None O Lap Only O 3-point O 4-point O 5-point O Unknown	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	O None O Lap Only O 3-point O 4-point O 5-point O Unknown	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: KDLH
City: DULUTH
State: MN
Country: US

Time of Departure
Time: 6:10
Time Zone: CDT

Destination
Airport ID: KONA
City: WINONA
State: MN
Country: USA

Type Flight Plan Filed
- ○ None
- ○ Company VFR
- ○ Military VFR
- ○ VFR
- ○ VFR/IFR
- ● IFR
- ○ Unknown

Activated? ○ Yes ○ No ○ Unknown

Type of ATC Clearance/Service *(Check all that apply)*
- ☐ 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)*
- ☐ Class A
- ☐ Class B
- ☐ Class C
- ☑ Class D
- ☑ 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: N/A 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
- ☑ Automated Report
- ☐ Commercial Weather Service (DUATS)
- ☐ On-Board Weather
- ☐ Company
- ☐ Military
- ☐ Internet
- ☐ None
- ☐ Unknown

Weather Observation Facility
Facility ID: KOWA
Observation Time: 0154
Time Zone: ZULU
Distance from Accident Site: _____ nm
Direction from Accident Site: _____ degrees true

Basic Conditions
- ● VMC
- ○ IMC
- ○ Unknown

Light Condition
- ○ Dawn
- ○ Day
- ○ Dusk
- ● Night
- ○ Dark Night
- ○ Bright Night
- ○ Unknown

Sky/Lowest Cloud Condition
- ● Clear
- ○ Few
- ○ Partial Obscuration
- ○ Scattered
- ○ Thin Broken
- ○ Thin Overcast
- ○ Unknown

Lowest Cloud Condition Height
_____ ft agl

Ceiling
- ● None (Clear)
- ○ Broken
- ○ Overcast
- ○ Obscured
- ○ Indefinite
- ○ Unknown

Ceiling Height
_____ ft agl

Temperature: -12 (C) or _____ (F)
Dew Point: -17 (C) or _____ (F)
Altimeter Setting: 30.38 in. Hg or _____ MB

Wind Direction
- ☐ Variable
-or-
Direction: 270 degrees true

Wind Speed
- ☐ Calm
- ☐ Light and Variable
-or-
Speed: 4 kts

Wind Gusts
- ☐ 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)*
- ☑ 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)*
- ☑ None
- ☐ Blowing Dust
- ☐ Blowing Sand
- ☐ Blowing Snow
- ☐ Blowing Spray
- ☐ Dust
- ☐ Fog
- ☐ Ground Fog
- ☐ Haze
- ☐ Ice Fog
- ☐ Smoke
- ☐ Unknown

Icing Forecast
Amount
- ● None
- ○ Trace
- ○ Light
- ○ Moderate
- ○ Severe
- ○ Unknown

Type
- ● N/A
- ○ Rime
- ○ Clear
- ○ Mixed
- ○ Unknown

Icing Actual
Amount
- ● None
- ○ Trace
- ○ Light
- ○ Moderate
- ○ Severe
- ○ Unknown

Type
- ● N/A
- ○ Rime
- ○ Clear
- ○ Mixed
- ○ Unknown

Turbulence
Type *(Check all that apply)*
- ☑ None
- ☐ Clear Air
- ☐ Terrain-Induced
- ☐ Convective Turbulence

Severity
- ☐ Light
- ☐ Moderate
- ☐ Severe
- ☐ Extreme

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage
- ○ None
- ● Substantial
- ○ Minor
- ○ 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)*

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.

DEPARTED KDLH APROX 6:10 CDT (0010 ZULU)

I BECAME INCAPASITATED BY CARBON MONOXIDE SHORTLY AFTER TAKE OFF

THE AIRPLANE ASENDED TO BETWEEN 12,000 TO 13,000MSL. THE FULL RICH RESULTED IN HIGHER THAN NORMAL FUEL BURNS AND A REDUCED SERVCE CEILING OF THE AIRCRAFT.

APROX 7:45CDT (0145 ZULU) THE ENGINE QUIT AS A RESULT OF USING ALL THE FUEL IN THE RIGHT TANK (22GAL AT TAKE OFF)

APROX 7:55CDT (0155 ZULU) THE AIRCRAFT INPACTED TERRAIN AND CAME TO RESR IN A FIELD NW OF ELENDALE, MN.

APROX 8:25CDT (0225 ZULU) I STARTED TO WAKE UP. I WAS VERY WEAK, CONFUSED, AND HAD A LOUD RINNING RINING IN MY EARS. I WAS ABLE TO FREE MY SELF FROM THE AIRPLANE AND MAKE MY WAY TO HELP. I REACHED HELP AT A NEAR BY FARM HOUSE AT APROX 9:10CDT (0310 ZULU)

I HAVE NO RECOLECTION OF THE TIME BETWEEN INCAPSITATION AND WAKING UP ON THE GROUND. ALL TIMES AND ALT INFO ABOVE I GOT FROM WWW.FLIGHTAWARE.COM

PLEASE SEE ATTACHED DOCUMENT FOR A MORE DETAILED ACCOUNT.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ON BOARD CO DETECTION.

CURRENT TECHNOLOGY HAS MADE PORTABLE CO DETECTION VERY ACURRATE AND INEXPENSIVE. A HIGH RESOLUTION DETECTOR WOULD HAVE NOT ONLY PREVENTED THIS ACCIDENT FLIGHT, BUT MAY HAVE ALERTED ME TO A COMPRIMISE IN MY EXAUST SYSTEM MANY FLIGHT HOURS BEFORE THE INCEDENT.

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.)

COMPRIMISE IN THE EXAUST SYSMEM INSIDE THE HEAT SHROUD

Total Time/Cycles On Part

_____ Hours

_____ Cycles

Time Since This Part Inspected/Overhauled

83_____ Hours

FUEL & SERVICES INFORMATION

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

_38_____ 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

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	**Pilot of Other Aircraft**
Name: _____ City: _____ State: _____ ZIP: _____ Country: _____	Name: _____ City: _____ State: _____ ZIP: _____ Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

Use 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: DANIEL BASS
2/15/2017 *mm/dd/yyyy*	Signature: _____ *-- 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