NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

in the proper of the interest of					100							40	The same
	nt/Incident Loc						Accident/Incident Date/Time						
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Registr	ation Number:	N184ME					☐IFR-Equipped and Certified						
Manuf	cturer: <u>WEA\</u>	/ER STANI	EYR/ROBIN	SON SC	OTT E		☐ Commercial Space Flight ☐ Uamanned Aircraft						
Model:	Model: VANS RV8								oss Weigh	t: 1800		Ibe	
Serial N	lumber: <u>8215</u>	8	···									80	lbs
Year of	Manufacture:	2016										ew Seats:	
Amateu	ır-Built: OYes	if Yes: (Kit/Plans Ma	ke:			Cabin Cr	ew Seat	s:		Passenger	r Seats:	
	ONo		Original Design						gines: 1				
_	ry of Aircraft		irworthiness Co	ertificate		Landing Gear				Engine	Type (Se	elect one)	************
AirplaBallo		(Check all to Standar				(Check all that	<i>apply)</i> etractable				procating		id Rocket
OBlim	/Dirigible	☐ Norma	l 🖺 Restric			☐ Tricycle	Suaciable		ail wheel	O Turb	o Shaft o Prop	_	l Rocket rid Rocket
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O Powe O Rock		☐ Transp☐ Utility				□Float □Ski							
OUltral	ight	- Oung		Il Light-Sport				· <u></u>	ci/Wheel	-		(Reciprocati	ng)
OUnkn	own	☐Certificate	of Authorization	-	- 1	Other Laune	ch/Recov	егу Sys	tem	O Carb	uretor	• Fuel-	-Injected
		□None		Unknown		☐ None	□Unknown						
			Engine		Manuf	acturer's	Dat of M		Rated Pow Horsen		Total Time		Since:
Engine	Engine Manufa		Model/Series		Serial I	Number	of M mm/d	lfg. d∕yyyy	O Horsep O lbs of	ower or	Time (hours)		Since: Overhaul (bours)
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Registered Aircraft Owner			City: VACAVILLE				
Name: WEAVER STANLEY R / ROBINS	SON SCOTT E	_	State: CA	ZIP: <u>95687</u>			
Fractional Ownership Aircraft: • Yes	No		Country: USA				
Operator of Aircraft Same As Re	gistered Owner		Same Address as Registered Owner				
		_	City: VACAVILLE				
Doing Business As:			State: <u>CA</u> ZIP: <u>95687</u>				
Air Carrier/Operator Designator (4 Characte	er Code):		Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	der	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)	ØFAR 91 ØFAR 129 ØFAR 103 ØFAR 103 ØFAR 133 ØFAR 104 ØFAR 121 ØFAR 135 ØFAR 105 ØFAR 125 ØFAR 137 ØFAR 104	431 435	O Scheduled or Commuter O Non-Scheduled or Air Taxi O Passenger	O Domestic O International			
☐Rotorcraft External Load (FAR 133) ☐Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial		O Cargo O Mail Contract Only				
☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136)	ONon-US, Non-commercial						
☐ Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)		Purpose of Flight for FAR 91 (Select one)	1, 103, 133, 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	O Armed Forces O Federal O State O Local OUnknown		O Aerial Observation O Air Drop O Air Race/Show O In O Banner Tow O Business O Executive/Corporate O Po	efighting Unknown ght Test der Tow tructional ner Work Use sonal			
Revenue Sightseeing Flight O Yes O No	Air Medical Flight		O External Load OSk	cydiving			
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Airport Name: NUT TREE AIRPORT		Dis	tance From Airport Center: _	1/8 MIsm			
Airport Identifier: KVCB			ection From Airport: 20				
Proximity to Airport: O Off Airport/Airstri	p	Air	port Elevation: 116.9	ft. msl			
Runway Information		Con	dition of Runway/Landing Su	rface (Check all that analy)			
Runway ID: 20 (L/R/C) Length: 47	00 ft Width: 75 ft		Dry 🔲 Snow-Comp	pacted			
Runway/Landing Surface (Check all that a	dam		Ioles Snow-Crust the Covered Snow-Dry tough Snow-Wet tubber Deposits Soft lush-Covered Vegetation	ed			
Approach/Departure Segment (Select one,		l					
OTaxi OTakeoff OInitial Climb OVFR Departure OIFR Departure Proc	OOn Instrument Ap	proach	OBase OGo	v Approach Around orted Landing (after touchdown) gnown			
IFR Approach (Check all that apply)		VFF	Approach (Check all that appl	y)			
☐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	□St □V □G	one raffic Pattern traight-in alley/Terrain Following to Around ull Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown			
							

MITA (STEROREWMENCHER LA NITORNIA HONDONIA DE L'ESTATE DE L'ARTICLE DE										
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident										
"Flight Crewmember 1" Identification										
First Name: STANLEY City of Residence: VACAVILLE										
Middle Initial: R					State: CA			ZIP: 95687		
	Lat Name MEANED									
Age at time of Accident/Incident: 54 Date of Birth: mm/dd/yyyy										
Certificate Number:										
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints									Pactrainte	
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□ None □ Flight Is		Commercial	□ US Mi	ilitary	O 4-poir	ıt	O 4-point		Deploy	ed
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☐ Student ☐ Sport	니	Flight Enginee	F		Onkik	,,,,,,	Q 0	·"		
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Medical Certificate Limitati		,			F			· · · · · · · · · · · · · · · · · · ·		
MUST HAVE AVAILABLE GLA	SSES FOR NE	AR VISION								
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Medical Certificate Special	Issuance									!
D 47 . D4 1 . D										
Date of Last Flight Review or Equivalent, Including			t Review Airc	raft						
FAR 121/135 Checks:	07/18/2016		CESSNA							
	mm/dd/yyyy		<u>: 140</u>							
Airplane Rating(s) (Check all that apply)	Other Aircra			ent Rating(5)		r Rating(s)			
□ None	None	PP'Y)		l that apply)		(Check all	that apply)	-	Instrument	Airolona
Single-Engine Land	Airship	÷.	☐ Airpla			Airplan	e Single-Eng	ine 🗀	Instrument	
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon ☐ Glider		☐ Helico	opter red Lift		☐ Airplan ☐ Gyropla	e Multi-Engir ane		Helicopter Glider	
☐ Multiengine Sea	☐ Gyroplane			ou zine		Powere	d Lift		Sport	
	☐ Helicopter☐ Powered Lift	t			-					
Type Ratings				· · · · · · · · · · · · · · · · · · ·		Student I	Endorseme	ats (Include i	dates)	
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						COMPLEX	CAND LUCK		4105.050	0111 0401
						04/23/2010		PERFORM	ANCE CES	SNA 210L
Flight Time (Enter appropriate			Airplane		T	İpat	rument	l	Γ	
number of hours in each box)	All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
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Pilot in Command (PIC)	472	36	472				1		<u> </u>	
Time as Instructor										
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THE STATE OF THE PROPERTY OF T										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident										
OPilot OCo-Pilot "Flight Crewmember 2" v		OFlight Ins ′es □ N		k Pilot	OFlig	ht Engineer	O Other F	light Crew		
"Flight Crewmember 2" I	 									
First Name:				Cit	v of Da	sidence:				
Middle Initial:				sidence:						
		te:		<u> </u>	IP:					
Last Name:										
Age at time of Accident/Incident: Date of Birth: mm/dd/yyyy Certificate Number:										
Degree of Injury Seat Occupied Restraint Type Inflatable Restraints										
O None O Fatal	1				-	inflatable R	estraints			
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Pilot Certificate(s) (Check					О Lap « О 3-роі		O Lap only O 3-point	<i>,</i>	☐ Installed ☐ Not Dep	
	t Instructor	mercial	☐ US Military	1	O 4-poi		O 4-point		☐ Deploye	
☐ Private ☐ Recr	eational	ne Transpor		- 1 '	O 5-poi		O 5-point		Unknov	/n
☐ Student ☐ Spor	l	nt Engineer			O Unkr	юмп	O Unknow	^n		
Principal Occupation	Medical Certificate			Medi	ical Ce	rtificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Cla					mitations/wai		nknown		
Other O Unknown		ver's Licens known	se (Sport Pilot only)		ith limit ecial Iss	ations/waivers	s ON	/A	mm/dd/y)	
Medical Certificate Limit	· · · · · · · · · · · · · · · · · · ·			1 v sp						
Medical Certificate Specia	l Issuance						-	*		
										at.
Date of Last Flight Review	Y	Flight	Review Aircraft		_				,	
or Equivalent, Including FAR 121/135 Checks:		Make:						•		
THE ASSESSMENT OF CHICAGO	mm/dd/yyyy	Model:								
Airplane Rating(s)	Other Aircraft R	ating(s)	Instrument F	lating(s)		Instructor	Rating(s)		- 4	
(Check all that apply)	(Check all that apply)	(Check all that	apply)		(Check all il	٠, ,			
☐ None ☐ Single-Engine Land	☐ None ☐ Airship		None			☐ None		₽	Instrument A	irplane
☐ Single-Engine Sea	☐ Balloon		☐ Airplane ☐ Helicopter			☐ Airplane	Single-Engine Multi-Engine		Instrument H	elicopter
Multiengine Land	Glider		☐ Powered Lif	Airplane Multi-Engine Helicopter Gyroplane Glider						
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number of hours in each box)	Aircraft &	Model		ltiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
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	Chwellawia		okel isave.	of eablingies	e le grini de l	ep te lewin	i intormation).		
Crew Name and Addre	ess						Seat Occupied		Injury
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Pilot Certificate(s) (C)	nmercial	□US N			Restraint Type Available O None O Lap Only	Used O None O Lap Only	Inflatable Restraints Not Installed		
Private Student	tudent						O 3-point O 4-point O 5-point	O 3-point O 4-point O 5-point	☐ Installed ☐ Not Deployed ☐ Deployed
Type Rating/Endorse Accident/Incident Air			of this A	ccident/Incid	lent:		O Unknown	O Unknown	☐ Unknown
Crew Name and Add						The state of the s	Seat Occupied		Injury
First Name:		State	e:	ce: Z	IP:		O Left O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C	☐ Flight Instructor ☐ Recreational ☐ Sport	☐ Air	mmercial fline Transpo	ort Fore			Restraint Typ Available O None O Lap Only O 3-point O 4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed
Type Rating/Endorse Accident/Incident Air		□No	1	light Time at ccident/Incid		hrs	O 5-point O Unknown	O 5-point O Unknown	Unknown
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Paragraphic Committee of the State of the St		WHEEL S	(jerjude e					554647	
Name and Address				abilicurew is) (for exercis)		Age
aria-active section of the section o	City : VACA State: <u>CA</u>	VILLE ZIP: <u>956</u> SA	87			i i z i z i i i i i i i i i i i i i i i	Used ONone Lap Only O 3-point O 4-point O 5-point	Inflatable	Under 5 years
Name and Address First Name: TRENT Middle Initial: Last Name: DOUGLAS	City: VACA State: CA S Country: US Passenger City: State:	VILLE ZIP: 956	87	Seat OLeft OCenter ORight OUnknown	Injury O None O Minor O Serious O Fatal	Restraint 1 Available ONone OLap Only O3-point O4-point O 5-point	Used ONone OLap Only O5-point OUnknown Used ONone Used ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point	Inflatable Restraints Installed Installed Not Deployed Unknown Not Installed Installed Installed Unknown Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
Name and Address First Name: TRENT Middle Initial: DOUGLAS OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name:	City: VACA State: CA S	VILLE ZIP: 956	87Other	Seat OLeft OCenter ORight OUnknown Row: AFT OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint? Available ONone OLap Only O3-point O4-point OUnknow Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknow Available ONone OLap Only O3-point OUnknow Available ONone OLap Onl O3-point O4-point O4-point O4-point O4-point O4-point	Used ONone OLap Only O3-point OUnknown Used ONone Used ONone OLap Only O3-point O4-point O5-point O5-point OUnknown Used ONone Used ONone Used ONone OLap Only O3-point O4-point O5-point O5-point O5-point O5-point O5-point O4-point O5-point	Inflatable Restraints Installed Installed Not Deployed Unknown Not Installed Installed Unchnown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown

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Aircraft Dan	iage	Aircraft Fire		Aircraft Explosion	
O None O Minor	Substantial Destroyed Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None In-Flight 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)

AIRCRAFT DAMAGE TO PROPELLER, ENGINE AND FUSELAGE FORWARD OF COCKPIT AND TAIL WHEEL BENT.

NAMESATINE HISTORY OF FLIGHT (Stone type or prints) into

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.

STATEMENT OF EVENT N184ME

On MAY 15-2017 I Stanley Rolle Weaver was piloting and Trent Douglas was a passenger in a Vans RV-8 from Englewood Colorado KAPA stopping in Evanston Wyoming KEVW and Lovelock Nevada KLOL for fuel. At approximately 1550 military time a 3 mile base to final was initiated to runway 20 at KVCB Nut Tree Airport with no other known traffic. Wind was approximately 10-12 knots gusting to 17 at 240 DEG and clear skies during time of accident. On final approach with 20 degrees of flap and a approximate low 80 knot touchdown a wheel landing was initiated followed by tail touching down 3 to 4 seconds later. Almost immediately after tail touches runway aircraft begins to sway trying to hold left rudder pedal then applying left brake until aircraft exited pavement on right hand side of runway. Both brakes were applied as aircraft exits off of side of runway thinking I could stop it in field. Not knowing at the time there was a 20 foot drainage ditch 90 degrees to runway soon after exiting and aircraft fell in nose first hitting propeller of aircraft into opposite side of creek then tail wheel resting on other bank of creek. The landing gear wheels were slightly submerged in water suspended over creek bottom. No serious injuries known but some bruising, small cuts and sore muscles are felt to both of us.

Elecanthists and charge				erso)			t dan dan sebagai pependa Kabupatan dan dan	
Operator/Owner Safety Recomme	endation							
After the accident and thinking caused a rapid tall swing of air gave me a smooth deceleration	craft. I feel	ernight and realize I was not focused	ed that I set t upon landin	tail wheel g and wo	l down going to uid normally ke	fast and didn eep tail up as	i't react quick er long as I could	nough which which always
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(If yes, list the name of the part, manu	facturer, part	no., serial no., and de	escribe the failu	re.)			On Part	ne/Cycles
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Fuel on Board at Last Takeoff		Fuel Type				CAMPAGE TO STATE		a partir
(Convert from pounds, as necessary)		O 80/87 O 100 Low Lead	O 115/145		O Jet B	O Other, spec	ify	····
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Other Services, if Any, Prior to	Departure							
CERCAL PARTIES (OF PARTIES								
Was an emergency evacuation of			☐ Yes	☑ No	15 A			
Method of Exit - Describe how t		=			d each location		·	
4								
The company of the control of the co	AND THE STREET OF THE STREET			Decrease services and the	Without teat (waster a linear an array of the			
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Aircraft Registration Number		ırer:	-				Damage to Oth Destroyed	ier Aircraft Minor
Registered Owner of Other Airc				Pilot of	Other Aircraft		☐ Substantial	☐ None
Name:								
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	MANAGE CONTROL OF THE SECOND	TAIL TOTAL OF AND THE ILL INSPECTOR OF		
		Entrove Nicolado (Originalmen		STATOPEN NY HISTORY (SEE DESCRIPTION OF SEE
Date of this Report		Pilot/Operator: STANLEY ROLLE WE	AVER	
05/22/2017 mm/dd/yyyy	Signature	Check here to electronically sign this	dogument	
If a Person Other the		erntor is Filing Report	document	
		erator is ruing Report	Title.	
Signature:			Title:	
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NTSB Accident/Incid GAA17CA280	lent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAAI/CA200		GAA	JACKIE VANOVER	05/22/2017
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