

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: <u>Vacaville/ NUT TREE AIRPORT</u> State: <u>CA</u> ZIP: <u>95688</u> Country: <u>USA</u> Latitude: <u>38-22-41.60000N</u> Longitude: <u>121-57-40.3000W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>	Accident/Incident Date/Time Date: <u>05/15/2017</u> Local Time: <u>1550</u> <i>mm/dd/yyyy</i> Time Zone: <u>pacific</u> Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None
---	---

AIRCRAFT INFORMATION

Registration Number: <u>N184ME</u> Manufacturer: <u>WEAVER STANLEY R / ROBINSON SCOTT E</u> Model: <u>VANS RV8</u> Serial Number: <u>82158</u> Year of Manufacture: <u>2016</u> Amateur-Built: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design <i>Make:</i> _____	<input type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>1800</u> lbs Weight at Time of Accident/Incident: <u>1680</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: _____ Cabin Crew Seats: _____ Passenger Seats: <u>1</u> Number of Engines: <u>1</u>
--	--

Category of Aircraft <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> <table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	Standard	Special	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental	<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	Landing Gear <i>(Check all that apply)</i> <input type="checkbox"/> Retractable <input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tail wheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	Engine Type (Select one) <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric Fuel System Type (Reciprocating) <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
Standard	Special																		
<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> Experimental																		
<input type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	AERO SPORT POWER	IO-375-M1S	1561-SPE	03/12/2014	195	67	67	NEW
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type <input checked="" type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>11/28/2016</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>67</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	Propeller 1 <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>WHIRL WIND</u> Model: <u>74RV</u> Propeller 2 <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: _____ Model: _____
Type of Maintenance Program (Select one) <input checked="" type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	ELT Installed: <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>ACK</u> Model or Part No.: <u>E-04</u> TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input checked="" type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown
Description of Fire Extinguishing System <input checked="" type="radio"/> None <input type="radio"/> Specify: _____	Additional Equipment (Check all that apply) <input checked="" type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input checked="" type="checkbox"/> Angle of Attack Indicator <input checked="" type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input checked="" type="checkbox"/> Electronic Multifunction Display <input checked="" type="checkbox"/> Electronic Primary Flight Display <input type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input checked="" type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: WEAVER STANLEY R / ROBINSON SCOTT E

City: VACAVILLE

State: CA ZIP: 95687

Fractional Ownership Aircraft: Yes No

Country: USA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: STANLEY R WEAVER

City: VACAVILLE

Doing Business As: _____

State: CA ZIP: 95687

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

Country: USA

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 5 miles of an airport)

Airport Name: NUT TREE AIRPORT

Distance From Airport Center: 1/8 MI _____ sm

Airport Identifier: KVCB

Direction From Airport: 20 degrees true

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Airport Elevation: 116.9 ft. msl

Runway Information

Runway ID: 20 (L/R/C) Length: 4700 ft Width: 75 ft

Condition of Runway/Landing Surface (Check all that apply)

Runway/Landing Surface (Check all that apply)

- Asphalt Grass/Turf Macadam Water
- Concrete Gravel Metal/Wood
- Dirt Ice Snow Unknown

- 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 Crosswind Aborted Landing (after touchdown) Unknown

IFR Approach (Check all that apply)

- None
- ADF/NDB PAR MLS Practice
- SDF Sidestep LDA GPS
- VOR/TVOR ILS ASR Visual
- VOR/DME Localizer Only Contact
- TACAN LOC-back course Circling
- RNAV 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 <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew											
"Flight Crewmember 1" was pilot flying <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
"Flight Crewmember 1" Identification First Name: <u>STANLEY</u> City of Residence: <u>VACAVILLE</u> Middle Initial: <u>R</u> State: <u>CA</u> ZIP: <u>95687</u> Last Name: <u>WEAVER</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>54</u> Date of Birth: [REDACTED] <i>mm/dd/yyyy</i> Certificate Number: _____											
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			Seat Occupied <input type="radio"/> Left <input checked="" type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type Available Used <input type="radio"/> None <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 4-point <input checked="" type="radio"/> 5-point <input checked="" type="radio"/> 5-point <input type="radio"/> Unknown <input type="radio"/> Unknown			Inflatable Restraints <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown		
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer											
Principal Occupation <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <input type="radio"/> None <input checked="" type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		Date of Last Medical <u>02/23/2016</u> <i>mm/dd/yyyy</i>				
Medical Certificate Limitations MUST HAVE AVAILABLE GLASSES FOR NEAR VISION											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07/18/2016</u> <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: <u>CESSNA</u> Model: <u>140</u>							
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider <input type="checkbox"/> Sport					
Type Ratings						Student Endorsements (Include dates) TAIL WHEEL 06/30/2007 COMPLEX AND HIGH PERFORMANCE CESSNA 210L 04/23/2010					
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
Total Time		534	36	534		21	Actual	Simulated			
Pilot in Command (PIC)		472	36	472				3			
Time as Instructor											
This Make/Model											
Last 90 Days		22	22	22							
Last 30 Days		19	19	19							
Last 24 Hours		6	6	6							

FLIGHT CREWMEMBER 2 INFORMATION																								
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																								
"Flight Crewmember 2" was pilot flying <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ <i>mm/dd/yyyy</i> Certificate Number: _____																								
Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single			Restraint Type <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table>				Available	Used	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> Lap only	<input type="radio"/> Lap only	<input type="radio"/> 3-point	<input type="radio"/> 3-point	<input type="radio"/> 4-point	<input type="radio"/> 4-point	<input type="radio"/> 5-point	<input type="radio"/> 5-point	<input type="radio"/> Unknown	<input type="radio"/> Unknown	Inflatable Restraints <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	
Available	Used																							
<input type="radio"/> None	<input type="radio"/> None																							
<input type="radio"/> Lap only	<input type="radio"/> Lap only																							
<input type="radio"/> 3-point	<input type="radio"/> 3-point																							
<input type="radio"/> 4-point	<input type="radio"/> 4-point																							
<input type="radio"/> 5-point	<input type="radio"/> 5-point																							
<input type="radio"/> Unknown	<input type="radio"/> Unknown																							
Pilot Certificate(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer																								
Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown			Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance			Date of Last Medical _____ <i>mm/dd/yyyy</i>																
Medical Certificate Limitations 																								
Medical Certificate Special Issuance 																								
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>					Flight Review Aircraft Make: _____ Model: _____																			
Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																	
Type Ratings						Student Endorsements <i>(Include dates)</i>																		
Flight Time <i>(Enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air													
Total Time							Actual	Simulated																
Pilot in Command (PIC)																								
Time as Instructor																								
This Make/Model																								
Last 90 Days																								
Last 30 Days																								
Last 24 Hours																								

ADDITIONAL PILOT/CREW MEMBERS (Indicate position, complete the following information)

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious
		<input type="radio"/> Front	<input type="radio"/> Fatal
		<input type="radio"/> Rear	<input type="radio"/> Unknown
		<input type="radio"/> Single	
		<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	<input type="checkbox"/> Not Installed
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="checkbox"/> Installed
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="checkbox"/> Not Deployed
	<input type="checkbox"/> Commercial	<input type="radio"/> 3-point	<input type="checkbox"/> Deployed
	<input type="checkbox"/> Airline Transport	<input type="radio"/> 4-point	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Flight Engineer	<input type="radio"/> 5-point	
	<input type="checkbox"/> US Military	<input type="radio"/> Unknown	
	<input type="checkbox"/> Foreign	Used	
		<input type="radio"/> None	
		<input type="radio"/> Lap Only	
		<input type="radio"/> 3-point	
		<input type="radio"/> 4-point	
		<input type="radio"/> 5-point	
		<input type="radio"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address		Seat Occupied	Injury
First Name: _____	City of Residence: _____	<input type="radio"/> Left	<input type="radio"/> None
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor
Last Name: _____	Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious
		<input type="radio"/> Front	<input type="radio"/> Fatal
		<input type="radio"/> Rear	<input type="radio"/> Unknown
		<input type="radio"/> Single	
		<input type="radio"/> Unknown	
Pilot Certificate(s) (Check all that apply)		Restraint Type:	Inflatable Restraints
<input type="checkbox"/> None	<input type="checkbox"/> Flight Instructor	Available	<input type="checkbox"/> Not Installed
<input type="checkbox"/> Private	<input type="checkbox"/> Recreational	<input type="radio"/> None	<input type="checkbox"/> Installed
<input type="checkbox"/> Student	<input type="checkbox"/> Sport	<input type="radio"/> Lap Only	<input type="checkbox"/> Not Deployed
	<input type="checkbox"/> Commercial	<input type="radio"/> 3-point	<input type="checkbox"/> Deployed
	<input type="checkbox"/> Airline Transport	<input type="radio"/> 4-point	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Flight Engineer	<input type="radio"/> 5-point	
	<input type="checkbox"/> US Military	<input type="radio"/> Unknown	
	<input type="checkbox"/> Foreign	Used	
		<input type="radio"/> None	
		<input type="radio"/> Lap Only	
		<input type="radio"/> 3-point	
		<input type="radio"/> 4-point	
		<input type="radio"/> 5-point	
		<input type="radio"/> Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGERS/OTHER PASSENGERS (Include all crew, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>TRENT</u> City: <u>VACAVILLE</u>	<input type="radio"/> Left	<input type="radio"/> None	Available	<input checked="" type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: <u>CA</u> ZIP: <u>95687</u>	<input type="radio"/> Center	<input checked="" type="radio"/> Minor	<input type="radio"/> Lap Only	<input type="checkbox"/> Installed	<i>If Under 5,</i>
Last Name: <u>DOUGLASS</u> Country: <u>USA</u>	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<input type="radio"/> Child Restraint
<input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Lap-Held
	Row: <u>AFT</u>	<input type="radio"/> Unknown	<input checked="" type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Unknown
			<input type="radio"/> Unknown		
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only	<input type="checkbox"/> Installed	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<input type="radio"/> Child Restraint
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Lap-Held
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Unknown
			<input type="radio"/> Unknown		
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only	<input type="checkbox"/> Installed	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<input type="radio"/> Child Restraint
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Lap-Held
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Unknown
			<input type="radio"/> Unknown		
First Name: _____ City: _____	<input type="radio"/> Left	<input type="radio"/> None	Available	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Under 5 years
Middle Initial: _____ State: _____ ZIP: _____	<input type="radio"/> Center	<input type="radio"/> Minor	<input type="radio"/> Lap Only	<input type="checkbox"/> Installed	<i>If Under 5,</i>
Last Name: _____ Country: _____	<input type="radio"/> Right	<input type="radio"/> Serious	<input type="radio"/> 3-point	<input type="checkbox"/> Not Deployed	<input type="radio"/> Child Restraint
<input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Unknown	<input type="radio"/> Fatal	<input type="radio"/> 4-point	<input type="checkbox"/> Deployed	<input type="radio"/> Lap-Held
	Row: _____	<input type="radio"/> Unknown	<input type="radio"/> 5-point	<input type="checkbox"/> Unknown	<input type="radio"/> Unknown
			<input type="radio"/> Unknown		

FLIGHT INFORMATION			
Last Departure Point Airport ID: <u>KLOL</u> City: <u>LOVELOCK</u> State: <u>NV</u> Country: <u>USA</u>		Time of Departure Time: <u>1430</u> Time Zone: <u>PACIFIC</u>	
Destination Airport ID: <u>KVCB</u> City: <u>VACAVILLE</u> State: <u>CA</u> Country: <u>USA</u>		Type Flight Plan Filed <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Type of ATC Clearance/Service (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred (Check all that apply) <input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93			Altitude of In-Flight Occurrence: _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Source of Pilot Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> On-Board Weather		Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown		Light Condition <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night	
Sky/Lowest Cloud Condition <input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling <input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured <input type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown Ceiling Height _____ ft agl	
Wind Direction <input type="checkbox"/> Variable -or- Direction: <u>240</u> degrees true		Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>12</u> kts	
Wind Gusts <input type="checkbox"/> Not Gusting -or- Speed: <u>17</u> kts		Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft	
Intensity of Precipitation <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input type="radio"/> N/A <input type="radio"/> Unknown		Type of Precipitation (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	
Icing Forecast Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown		Icing Actual Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	
Turbulence Type (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> 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
- 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)

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

VERBAL HISTORY OF FLIGHT

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 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.

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

Operator/Owner Safety Recommendation

After the accident and thinking about it overnight and realized that I set tail wheel down going to fast and didn't react quick enough which caused a rapid tail swing of aircraft. I feel I was not focused upon landing and would normally keep tail up as long as I could which always gave me a smooth deceleration.

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.)

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)	Fuel Type
40 _____ Gallons	<input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____ <input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8 <input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive

Other Services, if Any, Prior to Departure

EVAUATION 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: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
_____	Model: _____	

Registered Owner of Other Aircraft	Pilot of Other Aircraft
Name: _____	Name: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Country: _____	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 <u>05/22/2017</u> <small>mm/dd/yyyy</small>	Name of Pilot/Operator: STANLEY ROLLE WEAVER Signature: _____ -- or -- <input checked="" type="checkbox"/> 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. GAA17CA280	Reviewed by NTSB Regional Office GAA	Name of Investigator JACKIE VANOVER	Date Report Received 05/22/2017
---	--	---	---