NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents													
BASI	C INFORMA	TION					1						
Accider	nt/Incident Loc	ation					Acc	cident/Incid	ent Date/7	Time			
Nearest (City/Place:	Dickinson	45		State:	ro	Date	e:	2/2017	Loc	al Time: _	100pm	MPT
ZIP: 5	6601	Country:	45					mm/da	Ŵyyyy	T:	7	MOT	
Latitude: Longitude:									In	ne Zone:	nui		
(Enter in decimal degrees or degrees:minutes:seconds)							Collision with Other Aircraft: O Midair OOn-ground ØNone						
AIRCI	RAFT INFO	RMATIO	N										
Registr	Registration Number: 14040m							IFR-Equip					
Manufa	cturer: Pip	ner						Commercia Unmanned		ight			
	PA-12					-	M	aximum Gr	oss Weigh	t: 173	50	lbs	
	Number: //							eight at Tin					lbs
	Manufacture:							umber of Se					
			OKit/Plans Ma	ke:				bin Crew Seat					and the second se
	ONo		Original Design					umber of En		1	russenger	Jeans	•
Catego	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Ge		and gradetta _ 16/20/2018		Engine	Type (Se	elect one)	
ØAirpl	ane	(Check all t	hat apply)			(Check all tha		*		Reci	procating o Shaft	OLiqui	id Rocket
OBallo OBlim	on Dirigible	Standar Morma		ted	ed Retractable				ailwheel	O Turb		O Solid O Hybr	id Rocket
OGlide	r	Aerob	atic 🗖 Limite			Tricycle				OTurb	o Jet	ONone	
OGyro OHelic	- CONTRACTOR - CON	Balloc	and the second se							iown			
OPowe		Transp	oort 🗖 Experi	mental									
ORock OUltra		Utility Utility		l Light-Spo mental Lig	ental Light-Sport								
OUnkn		□Certificate		Ŭ	r Waiver (COA) Other Launch/Recovery System					Injected			
		None		Unknown	(1999)	None None		DU	nknown				
			Engine		Manuf	acturer's		Date of Mfg.	Rated Pow	ver power or	Total	Time Inspection	Since:
Engine	Engine Manufa	icturer	Model/Series	Serial Number				mm/dd/yyyy	O lbs of Thrust		(hours)	(hours)	(hours)
Eng. 1	Lycomin	5	0-3204	92/3	6-119	52-27			150		2539.6	ł	133.62
Eng. 2	/						-+						
Eng. 3							-						
Eng. 4				Propell	er 1	Ø Fixed P	litch		Prop	eller 2	0	Fixed Pitch	
	spection Type			riopen		OControl	lable		p		0	Controllable	
BAAIP		tinuous Airwo ditional Inspe		Manufac	turar	OGround		ustable	Man	faaturar	-	Ground Adju	stable
Annu	al O Unk				Manufacturer: Mc Cauley Model: GM BZ/4/				Manufacturer: Model:				
Date L	ast Inspection:	02/10	2017				No				inmont /	Chook all tha	(ann hu)
:	ne Total Time:			If Yes:					ZAD	Additional Equipment (Check all that apply)			
	rs measured at (S	-	ic L mis	ELT Manufacturer: Pointer					Air	frame Para gle of Atta			
			.ccident/Incident	Model or Part No.: 3.000 TSO No.: O C91 (121.5 MHz) O C91a (121.5 MHz					gle of Attai	ck Indicato	r		
Type of	Maintenance	Program (Se	elect one)	150 No.		(121.5 MHz) C 5 (406 MHz)	J C91	1a (121.5 MH:		a Recorder		Handheld De	
Ø Annual Was ELT still mounted in air						uft?	Nos ONO		ctronic Flip ctronic Mu	ltifunction	Display	vice	
O Conditional (Amateur-built only) O Manufacturar's Inspection Program Was ELT still connect				ELT still connected to antenna? Oves ONo									
O Other	Approved Inspec	ction Program	(AAIP)	1		e? OYes Ø	No			ndheld GPS ads Up Dis			
	inuous Airworthin , specify:	less		If active		locating Aircra	ft: (OVes ONO	Z On	board Wea	ther		
	otion of Fire Ex	tinguishing	System	-	ctivated:	and and a				ellite Tracl Il Warning	sing Devic System	e	
Non	e	unguisning	, ogatem	Indicate	Reason:			e	□Vid	leo Record	ing Device	i i	
O Spec	ify:			Breaker	Trento	/ Fire Dama		1/D1		ier, Specify		9 70	المشيرة
				off a	fter	 Battery Ex Unknown 	pireo	u/Damaged	w/A	era A	660 L	59-310 7 PAD	4 mini
				crast	_						T	1.00	1

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OWNER/OPERATOR INFORMATION								
Registered Aircraft Owner		City: Dickinson, RD						
Name: Gabriel Ch.	andler							
Fractional Ownership Aircraft: O Yes 🗴		Country: US						
Operator of Aircraft	gistered Owner	Same Address as Registered Owner						
Name:		City:						
Doing Business As:		State: ZIP:						
Air Carrier/Operator Designator (4 Character	er Code):	Country:						
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Uno	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) □ Rotorcraft External Load (FAR 133) □ Commuter Air Carrier (FAR 135) 	OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight O Non-US, Commercial	431 O Non-Scheduled or Air Taxi O International						
 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 	 Non-US, Non-commercial Public Aircraft (Select one) Armed Forces Federal State Local Unknown 	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Acrial Application OFirefighting O Acrial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow OOther Work Use						
Private Pilot - Eng Land		O Business O Executive/Corporate O Positioning						
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving						
OYes ONo	OYes ONo							
AIRPORT INFORMATION (Fill in	if accident/incident occurred on apr	proach, landing, takeoff, departure, or within 3 miles of an airpor	+)					
			1					
Airport Name: Airport Identifier:		Distance From Airport Center:sm						
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Direction From Airport: degrees true Airport Elevation: ft. msl	20					
• • •								
Runway Information Runway ID: (L/R/C) Length: Runway/Landing Surface (Check all that	adam 🔲 Water 1/Wood	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Icc Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered						
Approach/Departure Segment (Select one)								
OTaxi OTakeoff OInitial Climb	edure/Clearance OOn Instrument App OLanding	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown						
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)						
ADF/NDBPARSDFSidestepVOR/TVORIILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLS Practice LDA GPS ASR Visual Contact Circling	Traffic Pattern Stop and Go Straight-In Touch and Go Valley/Terrain Following Simulated Forced Landing Go Around Forced Landing Full Stop Precautionary Landing Unknown Unknown						

"FLIGHT CREWMEMB	ER 1" INFORM	MATIO	N								
"Flight Crewmember 1" Resp	oonsibilities at the 7	lime of A	ccident/Inci		•	2015 D.	•	a			
14		Flight Ins		Check Pilot	O Fligh	t Engineer	O Other F	light Crew			
"Flight Crewmember 1" was		s 🗆 No									
"Flight Crewmember 1" Iden							D: 1				
First Name: Gabrie	1 Chane	ller			City of Residence: Dickingon State: ND ZIP: 58601						
Middle Initial: <u>R</u>					State:	ND	2	(IP: 58	601		
Last Name:		Country:	us)							
Age at time of A	ccident/Incident:	33	Date of Bi	irth:		71/	m/dd/yyyyy				
		Cer	tificate Num	ber:							
Degree of Injury	Seat Occupied			Re	straint Ty	pe		1	Inflatable R	lestraints	
O None O Fatal	O Left	Front	O Unknow	m	Available		Used				
O Minor O Unknown Serious		Rear Single			O None		ONone		□ Not Inst		
Pilot Certificate(s) (Check all t	-	ongie			O Lap or O 3-poin		OLap only O3-point	Y I	□ Installed □ Not Dep		
□ None □ Flight Ins		nercial	🗖 US Mil	litary	&4-poin		4-point		Deploye	ed	
Private Recreation	onal Airlin	e Transpor			O 5-poin O Unkno		O 5-point O Unknow	715	Unknow	vn	
Student Sport	Flight	Engineer			O Unking	5441	Uchanos				
Principal Occupation M	edical Certificate			м	edical Cer	tificate Va	lidity		Date of Las	t Medical	
press of the second	None SClas	\$ 3				uitations/wai	1129	nknown	. /	1	
Q Other O	Class 1 ODriv	er's Licens	se (Sport Pilot			tions/waiver	ο Ň	/A	10/01	12014	
	Class 2 O Unk	nown		0	Special Issu	lance			mm/aa/yj	09	
Medical Certificate Limitatio	ns										
12											
none	-										
Medical Certificate Special Is	suance										
no	ne										
Date of Last Flight Review		Flight	Review Airc	raft							
or Equivalent, Including		-	Lesi								
FAR 121/135 Checks:	1/14/2015 mm/dd/yyyy	a second second	6-172								
	Other Aircraft Ra			A. 10. 10. 10. 1	Pating(s) Instructor Pating(s)						
	(Check all that apply)			ent Rating(that apply)							
□ None	□ None		□ None	man apport	Creck all that apply) Creck all that apply) None Instrument Airpla					Airplane	
Single-Engine Land	Airship		Airplan			Airplan	e Single-Engi	ine 🗖	Instrument	The second s	
 Single-Engine Sea Multiengine Land 	□ Balloon □ Glider		Helico Powere			Gyropia	e Multi-Engi		Helicopter Glider		
☐ Multiengine Sea	Gyroplane		L rower	cu Litt		Powered			Sport		
	 Helicopter Powered Lift 										
Type Ratings	Powered Lift					Student F	ndorsemer	its (Include	dates)		
Tailwheel	1					oradent		in menue	uures		
12110-000											
	1		4 m 1 m 1								
Flight Time (Enter appropriate	12,002	s Make	Airplane Single	Airplane	225	Inst	rument			Lighter	
number of hours in each box)		Model	Engine	Multiengine		Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time		3	185		3.8		4.6				
Pilot in Command (PIC)	103 82	153	155								
Time as Instructor			T WE HARD	1		+			THE REAL PROPERTY AND		
This Make/Model	30 2	-						NEW BUILDER			
Last 90 Days		5									
Last 30 Days	15 13					-					
Last 24 Hours	0 0								1		

	TI CREWINEM	BERS (E	Exclusive	of cabin cre	ew, complete	the followin	g information)			
Crew Name and Addre	SS						Seat Occupie	d	Injury	
First Name:		City	of Resider	ice:			O Left	O Front	O None	
Middle Initial:			:	Z	ZIP:		O Center O Right	O Rear O Single	O Minor O Serious	
Last Name:		Coun	ntry:			_	Origin	OUnknown	O Fatal	
									O Unknown	
Pilot Certificate(s) (Che	eck all that apply)						Restraint Typ Available	Used	Inflatable	
	Flight Instructor		nmercial		Military		O None	O None	Restraints ☐ Not Installed	
	 Recreational Sport 		ine Transp ht Enginee		eign		O Lap Only O 3-point	O Lap Only O 3-point		
							O4-point	O 4-point	 Not Deployed Deployed 	
Type Rating/Endorsem				ight Time at		242	O 5-point O Unknown	O 5-point O Unknown	Unknown	
Accident/Incident Airc	raft? 🛛 Yes	D No	of this A	ccident/Inci	dent:	hrs		-		
							s o		Internet	
Crew Name and Addre		1444 1020 V	CD 11				Seat Occupie	0 Front	Injury O None	
First Name:					ZIP:		OCenter	ORear	O Minor	
Middle Initial:							ORight	O Single O Unknown	O Serious O Fatal	
Last Name:			iu y						O Unknown	
Pilot Certificate(s) (Cha	eck all that apply)						Restraint Ty		Inflatable	
	□ Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints	
	 Recreational Sport 		ine Transp ht Enginee				O Lap Only	O Lap Only O 3-point	☐ Not Installed ☐ Installed	
		_ ,					O 3-point O 4-point	O 4-point	Not Deployed	
Type Rating/Endorsen Accident/Incident Airc		D No		light Time at the Time Accident/Incident:hrs			O 5-point O Unknown	O 5-point O Unknown	 Deployed Unknown 	
PASSENGER(S) / C	C PROVIDENT					and the second se		Concernance and the second		
		ININEL (I	include c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
		NNEL (I	include c	abin crew; c				Inflatable		
Name and Address		INNEL (I	include c	abin crew; c Seat	ontinue on se Injury	Restraint T	уре	Inflatable Restraints	Age	
				Seat	Injury			Restraints		
Name and Address First Name: <u>steptus</u> Middle Initial:	- City : Di	ckinson	<u>~</u>	Seat OLeft ØCenter	Injury Mone Minor	Restraint T Available ONone Stap Only	Type Used ○ None ② Lap Only	Restraints	Under 5 years	
First Name: <u>Cristophe</u> Middle Initial:	City : <u>D</u>	ckinson ZIP: 586	\$01	Seat OLeft ØCenter ORight	Injury Mone Minor O Serious	Restraint T Available ONone Description Appoint O 4-point	Type Used O None	Restraints	Under 5 years	
First Name:	City :	ckinson ZIP: 586	\$01	Seat OLeft ØCenter ORight OUnknown	Injury Mone Minor O Serious O Fatal	Restraint T Available ONone Stap Only O3-point O4-point	ype Used ○ Nonc ⊗ Lap Only ○ 3-point ○ 4-point ○ 5-point	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held	
First Name: <u>Cwistopha</u> Middle Initial: Last Name: _ Fogles	City : <u>D</u>	CK in sou ZIP: 586 US	\$01	Seat OLeft ØCenter ORight OUnknown	Injury Mone Minor O Serious	Restraint T Available ONone Description ONONE Apoint Of-point OUnknown	Used None S Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	Under 5 years If Under 5, O Child Restraint	
First Name: <u>Cwistopha</u> Middle Initial: Last Name: _ Fogles	City : <u>D</u> State: <u>MD</u> Country: <u></u> ØPassenger	<u>čkińso</u> ZIP: <u>586</u> US O Otł	\$6 1 her	Seat OLeft OCenter ORight OUnknown Row: Zaa	Injury Mone Minor O Serious O Fatal O Unknown	Restraint T Available ONone Stap Only O3-point O4-point	Type Used None Solution Used None	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: <u>Listophen</u> Middle Initial: Last Name: <u>Fogles</u> OCrew	City :	CKinson ZIP: 586 US O Oth	\$01 her	Seat OLeft ORight OUnknown Row: Zae OLeft OCenter	Injury Minor O Serious O Fatal O Unknown	Restraint T Available ONone Description A-point O4-point O5-point OUnknown Available ONone OLap Only	Type Used None Stap Only 3-point 4-point 5-point Unknown Used None Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
First Name: <u>Forter</u> Middle Initial: <u></u> Last Name: <u>Forter</u> OCrew	City :	ZIP: <u>586</u> 212: <u>586</u> 215 Ott	601 her	Seat OLeft ORight OUnknown Row: Zad	Injury Mone Minor Serious OFatal OUnknown	Restraint T Available ONone DLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Type Used None Solution Uaponly S-point Unknown Used None Lap Only S-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5,	
First Name: <u></u> Middle Initial: Last Name: <u></u> OCrew First Name: Middle Initial:	City :	ZIP: <u>586</u> 212: <u>586</u> 215 Ott	601 her	Seat OLeft ORight OUnknown Row: Zae OLeft OCenter ORight	Injury Minor O Serious O Fatal O Unknown	Restraint T Available ONone DLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Type Used None Solution Uaponly S-point Unknown Used None Lap Only S-point Cap Only S-point Capont S-point Capont S-point Capont S-point	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held	
First Name: <u></u> Middle Initial: Last Name: <u></u> OCrew First Name: Middle Initial: Last Name:	City : State: //// Country: Passenger City : State: Country: OPassenger	Cle in sou ZIP: 58 (25 O Oth ZIP: O Oth	\$01 her her	Seat OLeft ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row:	Injury Mone Minor Serious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone Depoint O4-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point	Type Used None S Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 4-point 0 5-point 0 4-point 0 4-p	Restraints Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint	
First Name: Middle Initial: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City : State: //// Country: Passenger City : State: Country: OPassenger City :	Cle in so c ZIP: 586 (25 O Od ZIP: O Od	\$01 her her	Seat OLeft ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row: OLeft	Injury Mone Minor Serious Fatal OUnknown ONone OFatal OUnknown	Restraint T Available ONone Depoint A-point O-point O-unknown Available ONone O-Lap Only O-Jap O-Jap	Type Used None S Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 4-point 0 5-point 0 4-point 0 4-p	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Not Installed	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held	
First Name: <u>Curistophan</u> Middle Initial: <u></u> Last Name: <u>Forter</u> OCrew First Name: <u></u> Last Name: <u></u> OCrew First Name: <u></u> Middle Initial: <u></u>	 City :	ZIP: ZIP: O Oti ZIP: O Oti ZIP:	601 her her	Seat OLeft OCenter ORight OUnknown Row: Zaa OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OLeft OCenter ORight	Injury Mone Minor O Serious O Fatal O Unknown O None O Kone O None O None O None O None O Minor O Serious	Restraint T Available ONone Description A-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only OJ-point OUnknown	Type Used None S Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 4-point 5-point 0 4-point 0 5-point 0 4-point 0 3-point 0 4-point 0 3-point 0 4-point 0 3-point 0 4-point 0 3-point 0 4-point 0 3-point 0 4-point 0 4-poi	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Not Installed Not Deployed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Lap-Held ○ Unknown □ Under 5 years	
First Name: <u>Curistophan</u> Middle Initial: <u></u> OCrew First Name: <u></u> Middle Initial: <u></u> Last Name: <u></u> Middle Initial: <u></u> Middle Initial: <u></u> Last Name: <u></u>	City :	<u>Ckinso</u> ZIP: <u>58</u> <u>0</u> Oth ZIP: <u>0</u> Oth ZIP:	6 1 her her	Seat OLeft ØCenter ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown	Injury Mone Minor Oserious OFatal OUnknown ONone OFatal OUnknown	Restraint T Available ONone Description ONone OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only OLap Only	Type Used None S Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 4-point 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 4-poi	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Unknown Opeloyed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
First Name: <u>Curistophan</u> Middle Initial: <u></u> Last Name: <u>Forter</u> OCrew First Name: <u></u> Last Name: <u></u> OCrew First Name: <u></u> Middle Initial: <u></u>	 City :	ZIP: ZIP: O Oti ZIP: O Oti ZIP:	6 1 her her	Seat OLeft OCenter ORight OUnknown Row: Zaa OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OLeft OCenter ORight	Injury Mone Minor Oserious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Department ONone A-point OUnknown Available ONone OLap Only O3-point OUnknown A-point OUnknown Available ONone OLap Only OJ-point OUnknown Available ONone OLap Only O3-point OLap Only O3-point OLap Only OS-point OLap Only OS-point OLap Only OS-point OLap Only OS-point OLap Only OS-point OLap Only OS-point OLap Only	Type Used None Description S-point S-point Cunknown Used None Lap Only S-point Cunknown Used None Lap Only S-point Cunknown Used None Lap Only S-point Cunknown Used None Cap Only S-point Cunknown Cap Only S-point Cunknown Cap Only Cap On	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5,	
First Name: <u>Curistophan</u> Middle Initial: <u></u> OCrew First Name: <u></u> Middle Initial: <u></u> Last Name: <u></u> Middle Initial: <u></u> Middle Initial: <u></u> Last Name: <u></u>	City : State: //// Country: Passenger City : Country: Passenger City : City : State: Country: OPassenger	Cle in sou ZIP: 58 (25 O Oth ZIP: O Oth ZIP: O Oth	\$01 her her her	Seat OLeft ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row:	Injury Mone Minor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Description A-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point	Type Used None Description Used None Lap Only S-point Used None Lap Only S-point 4-point S-point Unknown Used None Lap Only S-point Unknown Used None Lap Only S-point O Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Installed Installed Deployed Unknown	□ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown □ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown □ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
First Name: Middle Initial: OCrew First Name: Middle Initial: Last Name: Middle Initial: Middle Initial: Last Name: Middle Initial: Crew	City :	Clerinson ZIP: 586 (25 O Od ZIP: O Od ZIP: O Od	\$01 her her her	Seat Cleft Center ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OUnknown Row: OLeft	Injury Mone Minor Oserious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Dependent Available ONone OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-po	Type Used None S Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 3-point 0 4-point 5-point 0 Unknown Used 0 None Lap Only 0 3-point 0 Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years	
First Name: Middle Initial: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: First Name: OCrew First Name:	 City :	IP: 584 O Oth ZIP: 0 ZIP: 0 O Oth ZIP: 0 O Oth ZIP: 0 O Oth ZIP: 0 ZIP: 0 O Oth ZIP: 0 O Oth ZIP: 0 O Oth ZIP: 0	6 <i>1</i> her her her her	Seat OLeft ORight OUnknown Row: Zoo OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft OLeft OLeft	Injury Mone Minor Oserious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone Depoint O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point	Type Used None Description Suppoint Suppoint Suppoint Suppoint Used None Lap Only Suppoint Su	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown	□ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown Under 5, O Child Restraint O Lap-Held O Unknown If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years	

FLIGHT ITINERARY INFORMATION									
Last Departure Point	Time	e of Departure	Destinatio	n		Type Flight Pl	an Filed		
Airport ID: KOIK	Time	1000AM	Airport ID:	KISN		X None	O VFR/IFR		
City: Dickinson			City:	Williston		O Company VF O Military VFR			
State: RD	Time	Zone: MDT		RD		O VFR	O Charles		
Country: 45			Country:	us		Activated? O	Yes ONo OUnknown		
Type of ATC Clearance/Servi	ice (Check all that a	(pply)							
VFR 🛛 I		U VF	ecial IFR R On Top		VFR Flight Foll	owing	Cruise Unknown / NA		
Airspace where the accident/i			200 000			А	ltitude of In-Flight		
	'lass G Jemo Area	Based ()	itary Operations port Advisory A		Special	rol Area O	ccurrence:		
Class C	Varning Area	🗖 Jet	Training Area		Unknown		269Z ft msl		
	rohibited Area testricted Area	TR:							
WEATHER INFORMAT				TSITE					
Source of Pilot Weather Infor		ACCIDEN	MINUIDEN		servation Facility				
(Check all that apply)					KDIK				
National Weather Service	Com								
Flight Service Station	☐ Milit			Time Zone:	me: 100 pm		-		
Automated Report	None				Accident Site:				
Commercial Weather Service (I	OUATS) 🗖 Unkr	iown			Accident Site:		grees true		
Basic Conditions		Light Conditi	ion				8 it it it		
OVMC		ODawn	ODusk	ODark	Night OUr	iknown			
OIMC		O Day	ONight	OBrig	ht Night				
OUnknown									
Sky/Lowest Cloud Condition	Thin Broken	Ceiling O None (Clear)	0	Obscured	Temperature:	(C)	or(F)		
	Thin Overcast	Broken		Indefinite	D D I		or(F)		
O Partial Obscuration O	Unknown	O Overcast		Jnknown Altimeter Setti		ing. 29 99	in Ha		
O Scattered					- And Berley	or MB			
Lowest Cloud Condition Hei 10000		Ceiling Height							
Wind Direction	Wind Speed		Wind Gusts	1	Visibility	tetherio .	niles		
🗹 Variable	Calm		□ Not Gustin	ng			eet		
-01-	Light and Varia -or-	ble	-or-		1	': n	niles		
Direction: 290 degrees true	Speed: 25-3	50 kts	Speed: 25	-30 kts	Density Altitu	10.0			
Intensity of Precipitation	Type of Precipita	ation (Check all i	that apply)			Visibility (Check			
	None None	Drizzle	□ Freezin		None None	🗖 Fog			
	Rain	Ice Pellets	ts Ice Pell		Blowing Du Blowing Sa				
	□ Snow □ Hail	Snow Peller			Blowing Sn				
Ø Unknown	Rain Showers	□ Ice Crystals			□ Blowing Sp □ Dust	ray 🔲 Smol			
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Type		Type (Check a	ll that apply)	Severity		
None O N/A O Trace O Rime		None O Trace	O N/A O Rime		✓ None Clear Air		□Light □Moderate		
O Light O Clear		O Light	O Clean	r	Terrain-Ind		Severe		
O Moderate O Mixed O Severe O Unknown		O Moderate O Severe	O Mixe O Unki		Convective	Turbulence	Extreme		
O Unknown		O Unknown		nown					
NOTAMs (D and FDC), Al	IRMETs, SIGN	IETs, PIREP	s in effect at	the time of the	he accident/inci	dent:			
in the second second second			sheet at	this of th					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY Aircraft Damage Aircraft Fire Aircraft Explosion X None O Both Ground and In-Flight Ø None O Both Ground and In-Flight O None O Substantial O In-Flight O Fire at Unknown Time O In-Flight O Minor **Q** Destroyed O Explosion at Unknown Time O On-Ground O Unknown O On-Ground O Unknown O Unknown Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) landed upride down, Engine Had kigh RIPM Strike Aircraft Right "scourity damaged pearly torn off, Leff wing was in tact. Top of fucatage was heavily dumaged + bent. Firewall interior + forward completily destroyed. 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. -1) Rome Preflight, run-up, + taxi 1245 pm MOT -Z) RePlight electricit completed 100pm MOT 2) Short Field Taker-off executed a colled up, forcing descent, right wing struck the ground, + the entire plane was rolled / stommed inverted. Hills 170% chain tikk fonce point where plane ended Left wing 1000 9 Take

RECOMMENDATION (How could this	accident/incident h	ave been prevented	?)		
Operator/Owner Safety Recommendation - Gusting winds + The winds by there issue. However I to + ground tapography, scenarios Had this have been docision would ha	direction selves r believe the lobjects c a realized a been	direction direction the reated of prior made.	t takin typically combination a swirl to take	into would of the ing song -off,	proper account. Le a non- a justing winds predicable wind "no-go"
MECHANICAL MALFUNCTION/	AILURE (If mo	re space is needed	, continue on sepa	rate sheet)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par		scribe the failure)			Total Time/Cycles On Part
	no, senti no, uni de	service integration copy			Hours
TBD					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORMATI	and the discovery operation of the device of the				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87	O 115/145	O Jet B	O Other speci	fy
107165/17 Gallons	Ø 100 Low Lead O 100/130	O Jet A O Jet A-1	O JP8 O Automotive	C such spec	· · · · · · · · · · · · · · · · · · ·
Other Services, if Any, Prior to Departure					
Oil Change	25				
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	•	Yes Yes			
Method of Exit – Describe how the occupan	ts exited and how m	any occupants evac	ated each location		
Passenger - mubuck	en t c	1 indea on	. C.	es mubi	when a stabilized +
Pitot, trapped in removed.	cockp.T	. Emerge	my server		
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occurred	complete this sec	tion for other a	iroraft)
	urer:			A STATE AND A STATE	Damage to Other Aircraft
work with					Destroyed Minor Substantial None
Registered Owner of Other Aircraft		Pilot	of Other Aircraft		
Name:		Nam	e:		
City:ZIP:		City State	:	ZIP:	
Country:		Cour	ntry:		

ADDITIONAL INFORMATIO			
Use this space if additional space			
Date of this Report Name of Signature	HE ABOVE INFORMATION IS COMPLIE Pilot/Operator: Check here to electronically sign this of the sign th		MY KNOWLEDGE
If a Person Other than Pilot/Op Name: Signature:	Check here to electronically sign this of	Title:	
_	FOR NTSB		
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
CEN18LA039	Central Region	T. Sorensen	10 December 2017