

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: HAMILTON State: OHIO  
 ZIP: 45015 Country: USA  
 Latitude: 39.2495°N (00:00:00 N/S) Longitude: 84.349°W (000:00:00 E/W)

### Date/Time

Date: 07/04/2017 Local Time: 7:00P  
 mm/dd/yyyy Time Zone: EASTERN

### Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

NA ft MSL

## WEATHER INFORMATION AT THE ACCIDENT SITE

### Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ NM  
 Direction from Accident Site: \_\_\_\_\_ degrees MAG

### Source of Weather Information

(Check all that apply)

☐ National Weather Service ☐ Company  
☐ Flight Service Station ☐ Military  
☐ TV/Radio ☐ Internet  
☐ Automated Report ☐ Unknown  
☐ Commercial Weather Service (DUATS)

### Method of Briefing

(Check all that apply)  
☐ In Person  
☐ Teletype  
☐ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

### Briefing Type/Completeness

☐ Full ☐ Abbreviated  
☐ Partial / Limited By Pilot ☐ Unknown  
☐ Partial / Limited By Briefer ☒ Not Pertinent

### Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night  
☒ Day ☐ Night ☐ Bright Night  
☐ Not Reported

### Visibility

10+ miles

### Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken  
☐ Few ☐ Thin Overcast  
☐ Partial Obscuration ☐ Unknown  
☐ Scattered

### Ceiling

☐ None (clear) ☐ Obscured  
☐ Broken ☒ Indefinite  
☐ Overcast ☐ Unknown

### Restriction to Visibility

(Check all that apply)  
☒ None ☐ Fog  
☐ Blowing Dust ☐ Ground Fog  
☐ Blowing Sand ☐ Haze  
☐ Blowing Snow ☐ Ice Fog  
☐ Blowing Spray ☐ Smoke  
☐ Dust ☐ Unknown

### Lowest Cloud Condition Height

ft AGL

### Ceiling Height

ft AGL

### Wind Direction

☐ Indicated: \_\_\_\_\_ degrees MAG  
☒ Variable

### Wind Speed

Velocity: \_\_\_\_\_ KTS

-or-

☒ Calm  
☐ Light and Variable

### Wind Gusts

Velocity: \_\_\_\_\_ KTS

☐ Gusting  
☒ Not Gusting

### Type of Turbulence

(Check all that apply)  
☒ None ☐ In Clouds  
☐ Clear Air ☐ Vicinity of Thunderstorm

### Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light  
☐ Severe ☐ Moderate Chop

## NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

NONE KNOWN

Temperature: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. HG  
 or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

### Icing Forecast

#### Amount

☒ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

#### Type

☐ Rime  
☐ Clear  
☐ Mixed

### Icing Actual

#### Amount

☒ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

#### Type

☐ Rime  
☐ Clear  
☐ Mixed

### Type of Precipitation

(Check all that apply)  
☒ None ☐ Drizzle  
☐ Rain ☐ Ice Pellets  
☐ Snow ☐ Snow Pellets  
☐ Hail ☐ Snow Grains  
☐ Rain Showers ☐ Ice Crystals  
☐ Freezing Rain ☐ Ice Pellets Shower  
☐ Snow Shower ☐ Freezing Drizzle

### Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

\*CALCULATED

# AIRCRAFT INFORMATION

Manufacturer: CLASSIC AIRCRAFT CORP

Model: YMF-5

Serial Number: F5C-048

Registration Number: N17XK

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2950 lbs \*ESTIMATE

Weight at Time of Accident: 2844 lbs

Location of Center of Gravity at Time of Accident:

-or- \_\_\_\_\_ inches from ☐ nose or ☐ datum  
Percent Mean Aerodynamic Cord (% MAC)

## Category of Aircraft

- ☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

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

### Standard

- ☒ Normal  
☐ Utility  
☒ Acrobatic  
☐ Transport

### Special

- ☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 3

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

- ☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

## Type of Maintenance Program

- ☒ Annual  
☐ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

## Last Inspection Type

- ☐ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☒ Annual ☐ Unknown

Date Last Inspection: 08/18/2016  
mm/dd/yyyy

Airframe Total Time: 5829 hrs  
hours measured at (check one) ☒ Time of Accident  
☐ Last Inspection

## IFR Equipped

☒ Yes ☐ No ☐ Unknown

## Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

## Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

## ELT Installed

☒ Yes ☐ No

## ELT Activated

☐ Yes ☒ No

ELT Manufacturer: POINTER

Model/Series: ELT 4000

Serial Number: 406935

Battery Type: MERL BR-1030

Battery Exp. Date: 09/09/2018

## Engine Type

- ☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

## Reciprocating Fuel System Type

- ☒ Carburetor  
☐ Fuel Injected

## Propeller

- ☒ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: SENSENICH

Model: W96JB-4-68

Engine	Engine Manufacturer	Engine Model/Series	Manufacturing Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	JACOBS	R755 B2	16634	08/01/1992	275	5829	313	5829
Eng. 2								
Eng. 3								
Eng. 4								

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: ADVENTURE AIRTOURS LLC

Fractional Ownership Aircraft: ☒ Yes ☒ No

## Owner Address

City: LEWES

State: DE ZIP: 19958-3608

Country: USA

## Operator of Aircraft

☒ Same As Registered Owner

Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

## Operator Address

☒ Same As Registered Owner

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

## Regulation Flight Conducted Under

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type)  
☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local  
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown  
☐ FAR 125 ☐ FAR 137 ☐ Armed Forces

## Revenue Sightseeing Flight

☐ Yes ☒ No

## Air Medical Flight

☐ Yes ☒ No

<b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b> <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	<b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b> <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi  <b>Domestic or International</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International  <b>Cargo Operation</b> <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	<b>Type of Commercial Operating Certificate Held (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127)  <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137)  <input type="checkbox"/> Other Operator of Large Aircraft
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**OTHER AIRCRAFT – COLLISION** (If air or ground collision occurred, complete this section for *other* aircraft)

Aircraft Registration Number _____	Manufacturer: _____ Model: _____	<b>Damage to Other Aircraft</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
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**Registered Owner of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**Pilot of Other Aircraft**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

**AIRPORT INFORMATION** (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Identifier: KHAO Distance From Airport Center: \_\_\_\_\_ SM  
 Airport Name: BUTLER CO. REGIONAL AIRPORT Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport    ☐ Off Airport/Airstrip    ☐ On Airport    ☒ On Airstrip    Airport Elevation: \_\_\_\_\_ ft. MSL

**Approach Segment (Select one)**

☐ On Instrument Approach    ☒ Landing    ☐ Base leg    ☐ Final    ☐ Go Around  
☐ Crosswind    ☐ Downwind    ☐ Low Approach    ☐ Aborted Landing (after touchdown)

**IFR Approach (Check all that apply)**

☒ None    ☐ PAR    ☐ MLS    ☐ Practice  
☐ ADF/NDB    ☐ Sidestep    ☐ LDA    ☐ GPS  
☐ SDF    ☐ ILS    ☐ ASR    ☐ Loran  
☐ VOR/TVOR    ☐ Localizer Only    ☐ Visual    ☐ Unknown  
☐ VOR/DME    ☐ LOC-back course    ☐ Contact  
☐ TACAN    ☐ RNAV    ☐ Circling

**VFR Approach (Check all that apply)**

☐ None    ☐ Stop and Go  
☐ Traffic Pattern    ☐ Touch and Go  
☐ Straight-In    ☐ Simulated Forced Landing  
☐ Valley/Terrain Following    ☐ Forced Landing  
☐ Go Around    ☐ Precautionary Landing  
☒ Full Stop    ☐ Unknown

**Runway Information**

Runway ID: 11 (L/R/C) Length: 5500 ft Width: 80 ft

**Runway/Landing Surface (Check all that apply)**

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

**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    ☐ Unknown  
☐ Slush Covered    ☐ Vegetation

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KHAO</u> City: <u>HAMILTON</u> State: <u>OHIO</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>6:40 pm</u> Time Zone: <u>EASTERN</u>	<b>Destination</b> Airport ID: <u>KHAO</u> City: <u>HAMILTON</u> State: <u>OHIO</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of ATC Clearance/Service (Check all that apply)**

☒ None    ☐ Special VFR    ☐ Special IFR    ☐ VFR Flight Following    ☐ Cruise  
☐ VFR    ☐ IFR    ☐ VFR On Top    ☐ Traffic Advisory    ☐ Unknown / NA

<b>Airspace where the accident occurred</b> (Check all that apply)			
<input type="checkbox"/> Class A	<input checked="" type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Special
			<input type="checkbox"/> Air Traffic Control Area
			<input type="checkbox"/> Unknown

<b>Aircraft Load Description</b> (Check all that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Towing Glider	<input type="checkbox"/> Parachutists
<input checked="" type="checkbox"/> Passengers	<input type="checkbox"/> Towing Banner	<input type="checkbox"/> Water
<input type="checkbox"/> Cargo	<input type="checkbox"/> Other External	<input type="checkbox"/> Chemical/Fertilizer/Seeds
		<input type="checkbox"/> Livestock
		<input type="checkbox"/> Unknown

**FUEL & SERVICES INFORMATION**

<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary)  <u>APPROX. 30</u> Gallons	<b>Fuel Type</b> <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5
<b>Other Services, if Any, Prior to Departure</b> <p style="text-align: center;">NONE</p>	

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

<b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) <p>AFTER PERFORMING A ROUTINE TOUCHDOWN AND ROLLOUT THE TAIL WHEEL DOWN (ON THE RUNWAY) AND IN THE LOCKED POSITION THE LEFT AND RIGHT BRAKES TO INITIATE A RIGHT TURN ON TO A PERPENDICULAR TAXIWAY. THE RIGHT BRAKE GRABBED AND LOCKED IMMEDIATELY. CAUSING THE TAIL OF THE AIRPLANE TO SURGE CLOCKWISE TO THE LEFT. THE MECHANICAL STATUS OF THE RIGHT BRAKE IS NOT KNOWN BY ME AT THIS TIME. THE AIRPLANE IS AT THE FACTORY BEING REPAIRED.</p>	<b>Total Time/Cycles On Part</b>  _____ Hours _____ Cycles  <b>Time Since This Part Inspected/Overhauled</b>  _____ Hours
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**DAMAGE TO AIRCRAFT AND OTHER PROPERTY**

<b>Aircraft Damage</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	<b>Aircraft Fire</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	<b>Aircraft Explosion</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
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**Description of Damage to Aircraft and Other Property** (use additional sheet if necessary)  

DAMAGE OCCURRED PRIMARILY TO THE LEFT LANDING GEAR AND LEFT LOWER WING WITH SECONDARY DAMAGE TO THEIR RESPECTIVE ATTACH POINTS. ONE PROPELLER TIP WAS SLIGHTLY DAMAGED. OTHERWISE, THE PROPELLER WAS INTACT. ~~NO~~ NO DAMAGE TO ANY OTHER PROPERTY.

**EVACUATION OF AIRCRAFT**

<b>Was an emergency evacuation of the aircraft performed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location <p>THE TWO PASSENGERS OF THIS open cockpit biplane EXITED THE FRONT COCKPIT NORMALLY. THE PILOT EXITED THE REAR COCKPIT NORMALLY.</p>

# PILOT "A" INFORMATION

## Pilot "A" Responsibilities at the Time of Accident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

## Pilot "A" Identification

First Name: RONALD City: GLENDALE  
 Middle Initial: M State: GA ZIP: 45246  
 Last Name: RUNYAN Country: USA

Age at time of Accident: 71 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

<b>Degree of Injury</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☒ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input checked="" type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> <u>08/25/2016</u> mm/dd/yyyy
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## Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

## Medical Certificate Waivers

NONE

## Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

06/29/2016  
 mm/dd/yyyy

## Flight Review Aircraft

Make: WACO - CLASSIC AIRCRAFT CORP -  
 Model: YMF-5

<b>Airplane Rating(s)</b> (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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" 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
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## Type Ratings

NONE

## Student Endorsements (Include dates)

N/A

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	1896.5	48.5	1896.5							
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	02.5									
Last 30 Days	01.0									
Last 24 Hours										

**PILOT "B" INFORMATION****Pilot "B" Responsibilities at the Time of Accident**

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**Pilot "B" Identification**

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
mm/dd/yyyy

<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious	<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single	<b>Seat Belt</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Pilot Certificate(s)** (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

<b>Principal Occupation</b> <input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>Medical Certificate</b> <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown	<b>Medical Certificate Validity</b> <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown	<b>Date of Last Medical</b> mm/dd/yyyy
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**Medical Certificate Limitations****Medical Certificate Waivers****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_

<b>Airplane Rating(s)</b> (Check all that apply) <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	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <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
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**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										

# **ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)**

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

  

<b>Pilot Name and Address</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<b>Degree of Injury</b> <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
<b>Pilot Certificate(s) (Check all that apply)</b> <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military		<b>Seat Occupied</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

## **PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)**

Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>WILLIAM</u> City: <u>FOLEY</u> Middle Initial: <u>M</u> State: <u>AL</u> ZIP: <u>36535</u> Last Name: <u>BREWER, JR.</u> Country: <u>USA</u>	FWD	□	□	□	□	□	□	□	□	□	□
First Name: <u>LEIGH</u> City: <u>FOLEY</u> Middle Initial: <u>H</u> State: <u>AL</u> ZIP: <u>36535</u> Last Name: <u>BREWER</u> Country: <u>USA</u>		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□
First Name: _____    City: _____ Middle Initial: _____    State: _____    ZIP: _____ Last Name: _____    Country: _____		□	□	□	□	□	□	□	□	□	□

**NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)**

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

This was a local flight taking off from the Butler County Regional Airport, KHAO, on July 4, 2017 approximately 6:40p EDT from runway 11 and landing on the same runway approximately 7:00p EDT. The accident is best characterized as a classic clockwise groundloop primarily damaging the left landing gear and left wing. After performing a routine touchdown and rollout, the tailwheel down on the pavement and in the locked position, the left and right brakes were applied to initiate a right turn onto a perpendicular taxiway. The right brake grabbed immediately causing the tail of the airplane to surge clockwise to the left. At a point where the longitudinal axis of the airplane appeared to be approximately thirty degrees to the longitudinal axis of the runway, the left landing gear collapsed rendering the aircraft uncontrollable. The left lower wing tip simultaneously struck the pavement as the aircraft rotated to a stop while remaining on the runway.. The collapse occurred at a speed of approximately twenty MPH. The mixture, fuel control, ignition, and master switches were all immediately placed into the off position. The aircraft was subsequently lifted and the left landing main gear repositioned permitting it to be towed to the hanger.

**RECOMMENDATION (How could this accident have been prevented?)**

Operator/Owner Safety Recommendation

The assessment of the braking system's mechanical and functional status has not yet been delivered to me by the Classic Aircraft Company, the original builder and the facility now repairing the aircraft. Therefore, I have no recommendation at this time.



**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**09/11/2017  
*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

RONALD M. RUNYAN

**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

CEN17LA322

**Reviewed by NTSB Regional Office**

DENVER, CO

**Name of Investigator**

Craig Hatch

**Date Report Received**



NO POSTAGE  
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IN THE  
UNITED STATES

**BUSINESS REPLY**  
FIRST-CLASS MAIL PERMIT NO. 99055 WASHINGTON, DC  
POSTAGE WILL BE PAID BY ADDRESSEE

From: RUNYAN



To: CRAIG Hatch ASE  
4760 OAKLAND ST.  
SUITE 500  
DENVER, CO. 80239

(FOLD AND TAPE CLOSED BEFORE MAILING)

**FOLLOW ADDRESSING INSTRUCTIONS BELOW**

When reporting an aircraft accident/incident, MAIL THIS FORM TO THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) REGIONAL OFFICE NEAREST THE SCENE OF THE ACCIDENT. NTSB Regional Offices are located in the following cities:

The complete mailing addresses for NTSB Regional Offices are listed under U.S. GOVERNMENT in the telephone directories of the listed cities, or on the NTSB Web site <<http://www.nts.gov>>.

Anchorage, AK  
Arlington, TX  
Atlanta, GA  
Chicago, IL  
Denver, CO

Gardena, CA  
Miami, FL  
Parsippany, NJ  
Seattle, WA  
Ashburn, VA

NATIONAL TRANSPORTATION SAFETY BOARD  
Office of Aviation Safety