## 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	l							The state of the s		
Accident/Incident Location				,	Date/Time					
Nearest City/Place: # 9MILT			St	tate: OH 0	Date: 07/04/2017 Local Time: 7:00 \(\right)\)			ocal Time: 7.00 A		
ZIP: 45015 Country:	USA		<del> </del>		mm/dd/yyyy			ime Zone: EATERN		
Latitude: 39:2149.5 N (00:00:0	00 N/S) Longitude:	<u>\$4:3119'</u>	<u>W</u> (	000:00:00 E/W)			Τ	ime zone: LMY EXN		
Phase of Operation					Collision wit	Collision with Other Aircraft		Altitude of In-Flight		
☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover					☐ Midair ☐ On-ground			Occurrence		
								MA ft MSL		
WEATHER INFORMA					None			1 73 100		
Weather Observation Facility				ce of Weather 1				Method of Briefing		
Facility ID:	-		(Chec	ck all that apply)		_		(Check all that apply)		
Observation Time:				ational Weather Se ight Service Statio		☐ Coi	mpany litary	☐ In Person☐ Teletype		
Time Zone:		_	. =	igni service statio V/Radio	м			Telephone/Computer		
Distance from Accident Site:		١M		utomated Report	r Comica (Titte	Un Un	known	Aircraft Radio		
Direction from Accident Site:		ees MAG	<sup>  c</sup>	ommercial Weathe	a service (DUA'.	13)		☐ TV/Radio☐ Unknown		
Briefing Type/Completeness			Ligh	t Condition				Visibility		
☐ Full	☐ Abbreviate		D:	awn 🔲 D		Dark Nig	_			
☐ Partial / Limited By Pilot ☐ Partial / Limited By Briefer	☐ Unknown ☑ Not Pertin		<b>⊠</b> Da			☐ Bright N		10 + miles		
<del></del>		γ'	Ľ			☐ Not Rep		ibility (Chaob all that and )		
Sky/Lowest Cloud Condition Clear	Thin Broken	Ceiling None	(clear)	Пон	bscured	Kestrictio	n w V ISI	ibility (Check all that apply) ☐ Fog		
´□ Few □	Thin Overcast	Broke	en	<b>Æ</b> In∈	definite	Blowing		Ground Fog		
Partial Obscuration Scattered	Unknown	☐ Overc	ast	☐ Ui	nknown	Blowing	g Sand	☐ Haze		
Lowest Cloud Condition Hei	mht .	Ceiling	Hairk	<u> </u>		Blowing		☐ Ice Fog ☐ Smoke		
Lowest Cloud Condition Hel	gnt ft AGL	Cening	rreign:	L	ft AGL Unknown					
Wind Direction	Wind Speed	1===		Wind Gusts		Type of	'nrhulas	ce (Check all that apply)		
	Velocity:	VTC		Velocity:	KTC	None		In Clouds		
☐ Indicated: degrees MAG	velocity:		l	volocity:		Clear A		Vicinity of Thunderstorm		
	<b>⊠</b> Calm			Gusting		Severity (				
☑ Variable	Light and Vari	iable		Not Gusting		Extreme	e 🛚	Moderate		
				L		☐ Severe		Moderate Chop		
NOTAMs (D, L and FDC)		<b>IGMETs</b>	, PIR	EPs in effect a	it the time of	the accide	ent			
MONE KNOWN	1									
. ,										
	l	cing Fore						pitation (Check all that apply)		
Temperature:(C)	5	Amou ▼ None		Moderate	Type  ☐ Rime	No P Ro		☐ Drizzle		
or(F)		Trace		Moderate Severe	Clear			☐ Ice Pellets ☐ Snow Pellets		
Altimeter Setting:i	in. HG	Light			Mixed	∏Ha	il	Snow Grains		
Density Altitude:	<u> </u>	cing Actua	al			· · · · · · · · · · · · · · · · · · ·	in Showers	=== ·		
		Amou	int	Moderni	Type	=	ow Showe			
<b>Dew Point:</b> (C) or(F)	1	None Trace		Moderate Severe	☐ Rime ☐ Clear	Inten	sity of Pr	recipitation		
		Light			Mixed	Lig	•	☐ Moderate ☐ Heavy		

\*CALCULATE AIRCRAFT INFORMATION Manufacturer: CLASSIC AIRERAFT CORP Max Gross Weight: 2950 Ibx EST, MATE Model: YW) F - 5

Serial Number: F5C - 048 Weight at Time of Accident \$2244 Location of Center of Gravity at Time of Accident: inches from nose or datum Registration Number: N17 XK Amateur-built: 🗌 Yes 🖾 No Percent Mean Aerodynamic Cord (% MAC) -or-Category of Aircraft Type of Airworthiness Certificate Landing Gear Retractable Number of Seats: 3 (Check all that apply) Airplane A Check any additional landing gear Balloon Standard If Large Aircraft, how many seats for: Special configuration that applies: ☐ Blimp/Dirigible Normal N ☐ Restricted ☐ Glider ☐ Tricycle Tailwheel Flight Crew: \_\_\_\_ Limited
Provisional ☐ Utility ☐ Gyrocraft Acrobatic ☐ High Skid ☐ Skid ☐ Amphibian Cabin Crew: Helicopter ☐ Experimental Transport ☐ Emergency Float ☐ Powered lift Passengers: ☐ Special Flight Float ☐ Ski Ultralight ☐ Light Sport ☐ Hull Ski/Wheel Unknown Unknown Type of Maintenance Program **Last Inspection Type** Date Last Inspection: 68/18/2016 Annual A ☐ 100 Hour ☐ Continuous Airworthiness Conditional (Amateur-built only)  $\square$  AAIP Conditional Inspection Manufacturer's Inspection Program Annual Unknown Airframe Total Time: 5829 hrs hours measured at (check one) Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness Other, specify: ☐ Last Inspection ☐ Time of Accident IFR Equipped Stall Warning System Installed Type of Fire Extinguishing System ☑ Yes ☐ No ☐ Unknown Yes No Unknown None Specify \_\_\_\_\_ ELT Installed **ELT Activated** ELT Manufacturer: POINTER Yes 🗌 No Yes No Model/Series: ELT 4000 ELT Aided in Locating Accident / Incident Serial Number: 406935 Serial Number: 406935

Battery Type: MERL BP1030 Battery Exp. Date: 409 2018 ☐ Yes ☐ No Reciprocating Fuel **Engine Type** Propeller System Type Reciprocating Turbo Jet Manufacturer: SENSENICH Turbo Shaft ☐ Turbo Fan Fixed Pitch
Controllable Pitch Turbo Prop Fuel Injected Unknown Model: W9653-4-68 **Engine Rated** Power Measured Time Time as (check one) Date Total Since Since Engine Horsepower or Time (hours Manufacturing of Mfg. Inspection Overhaul Engine Engine Manufacturer Model/Series Serial Number mm/dd/yyyy (hours) (hours) (hours) Eng. 1 JAC033 R755 32 16634 58/01/1992 31.3 5029 275 522.9 Eng. 2 Eng. 3 Eng. 4 OWNER/OPERATOR INFORMATION Registered Aircraft Owner **Owner Address** Name: ADVENTURE AIRTOURS LLC City: LEWES State: DE ZIP: 19958-368 Fractional Ownership Aircraft: Yes No Country: <u>USA</u> Same As Registered Owner Operator of Aircraft Operator Address Same As Registered Owner Name: City: \_\_\_ Doing Business As: State: \_\_ Air Carrier/Operator Designator (4 Character Code): Country: Regulation Flight Conducted Under Revenue Sightseeing Flight No. ☐ Yes **ॉ** FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) Non-US, Commercial
Non-US, Non-commercial 🔲 FAR 103 ☐ FAR 133 ☐ Federal ☐ State ☐ Local Air Medical Flight ☐ FAR 121 ☐ FAR 135 Unknown ☐ Yes **™** No ☐ FAR 125 ☐ FAR 137 Armed Forces

Purpose of Flight for FAR 91, 103, 133, 137 (Select of	one)	Revenue Opera for FAR 121, 125	tion 129, 135 /	elect one)	Type of Comme (Check all that appl	rcial Operating Certificate Held		
	)	,		cieci onej		·y/		
☑ Personal ☐ Business		Scheduled or C  Non-Scheduled			None Flag Carrier On	erating Certificate (121)		
Executive/Corporate		Non-Scheduled	1 or Air 1 axi		Supplemental	craining continuate (121)		
Other Work Use			Air Cargo					
Instructional		Domestic or Inter	national	Foreign Air Carriers (129)				
Ferry		Domestic [	Internationa	al Commuter Air Carrier (135)				
Positioning					On-Demand Air Large Helicopte			
☐ Aerial Application ☐ Aerial Observation		Carra On	·					
Air Drop		Cargo Operation  Passenger/Carg			Rotorcraft Exter	rnal Load (133)		
☐ Air Race / Show		Passenger		v manv?	- or - Agricultural Air	ccraft (137)		
Flight Test		Cargo	lbs	· many.	Agricultural All	craft (137)		
☐ Public Use ☐ Unknown		☐ Mail			Other Operator	of Large Aircraft		
	ar i latest				<u> </u>			
OTHER AIRCRAFT - C	JEEISION (II	fair or ground co	llision occur	red, complete	e this section for ot			
Aircraft Registration Number	Manufacturer:			····		Damage to Other Aircraft		
						Destroyed Minor		
D. 1410		$\overline{}$				- Substantial None		
Registered Owner of Other Air	cratt	$\mathcal{X}$				:		
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 INFORMATIO	IN (18 ths social	ant acquired as	ionroach (c)		a 3 miles of an air-	or government		
		one occurred off a	ippi vatiti, tal					
Airport Identifier:		1. 1.50	<u> </u>			r:SM		
Airport Name: BUTLER		_		Direction 1	rom Airport:	degrees MAG		
Proximity to Airport Off A	irport/Airstrip	On Airport	n Airstrip	Airport Ele	evation:	ft. MSL		
Approach Segment (Select one)								
On Instrument Approach	Landing Downwind	☐ Base			Final	Go Around		
		Low	Approach		Aborted Landing (aft			
IFR Approach (Check all that ap	ply)			VFR Appro	oach (Check all that	apply)		
⊠ None □ PAR			Practice	None		Stop and Go		
ADF/NDB Sidester			GPS	Traffic Pa		☐ Touch and Go		
☐ SDF ☐ ILS ☐ VOR/TVOR ☐ Localize	===		Loran Unknown	Straight-It	n rrain Following	☐ Simulated Forced Landing ☐ Forced Landing		
	ck course	Contact	UIMIIOWII	Go Aroun		Precautionary Landing		
TACAN RNAV		Circling		⊠ Full Stop	-	Unknown		
Runway Information		<del></del>		<b></b>	of Runway/Landing	Surface (Check all that apply)		
Runway ID: 11 (L/R/C)	Length: 550	d ft Width: 30	$\partial$ ft	<b>☑</b> Dry	☐ Snow-C			
	<del></del>	it with	1t	Holes	☐ Snow-C	Crusted Water-Choppy		
Runway/Landing Surface (Che				Ice Cover				
Asphalt Grass/Turf	Macadam	Water		☐ Rough ☐ Rubber D	☐ Snow-V eposits ☐ Soft	Vet ☐ Wet ☐ Unknown		
'☐ Concrete ☐ Gravel ☐ Dirt ☐ Ice	☐ Metal/Wood	l Unknown		Slush Cov		<del></del>		
FLIGHT ITINERARY INI						and the second s		
			Destination		-	Type Flight Plan Filed		
Last Departure Point	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Departure			1	• •		
Airport ID: KHAO	Time:	6:40 pm	Airport ID:			Mone □ VFR/IFR □ Company VFR □ IFR		
City: HAMILTON	4		City: Hour			☐ Military VFR ☐ Unknown		
State: 0H10	Time .	Zone: FASTERN	State:			□VFR		
Country: 45A			Country:	1SA-		Activated? Yes No		
Type of ATC Clearance/Service	e (Check all that a	mnly)	J					
T. T	ecial VFR	<i>ppiy)</i> ☐ Specia	ıl IFR	Г	VFR Flight Following	g Cruise		
		La Speek	On Top	<u>L</u>	Traffic Advisory	Unknown / NA		

Airspace where the acci		eck all that apply)		_	
Class A	Class E		Prohibited Area	Jet Training A	
☐ Class B☐ Class C	☐ Class G ☐ Demo Area	ļ	Restricted Area	☐ TRSA	Air Traffic Control Area
Class D	☐ Warning Area	<del> </del>	] Military Operations Area (MOA ] Airport Advisory Area	.)	☐ Unknown
Aircraft Load Descripti		nh.)			
□ None	Towing Glider	<i>'[V'Y)</i>	7 Parachutists	Livestock	
Passengers	Towing Banner		Water	Unknown	
Cargo	Other External	Ē	Chemical/Fertilizer/Seeds		
<b>FUEL &amp; SERVICE</b>	S INFORMATI	ON			A Charles Constitution
Fuel on Board at Last 7	akeoff	Fuel Type			
(convert from pounds, as ne	cessary)	80/87	П 115/145	JP3 Other,	specify
_ ASPROX. 30	0-11	100 Low Lead		JP4	
_ ANT NOX. JU	Gallons	100/130	Automotive	JP5	
Other Services, if Any,	Prior to Departure				
	MONE				
MECHANICAL MA	H ELIMOTION/	AH UDE 115		4.8	
			more space is needed,	continue on sepa	arate sheet)
Was there Mechanical I	Malfunction/Failur	e? 🗌 Yes 🗌 N	No 🔀 Unknown		Total Time/Cycles
(If yes, list the name of the p	art, manufacturer, par	t no., serial no., and	l describe the failure.)		On Part
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IAILWHEEL D	IOWN ON THE	RUNWAY)	AND IN THE LOCK	ED POSITION	, titte  nouis
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PLIGHT BY ME		E THEAL	PPLANEISATTHEF	, , ,	
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DAMAGE TO AIR  Aircraft Damage  None Destroy  Description of Damage  AND HE  ATTACIT  OHER WIS  Was an emergency evac  Method of Exit – Description  The	AIRCRAFT  uation of the aircraft  be how the occupant  Two PASS  FRONT COC.	THER PROP  aft Fire  ne  Ground  er Property (use  LED PROP  LED P	PLANE IS AT THE PERTY  Both Ground and In-Flight Unknown Origin  additional sheet if necessary)  CIMARILY TO THE  WHAT SECONDARY  SELLE DE TIP WAY  WHAT INTHESE  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  MANN OCCUPANTS evacuated ea	Aircraft Explosion  None In-Flight On-Ground  ELEFT LAN  DANNES TO  SLICHLY D  ROPERTY.	On  Both Ground and In-Flight Unknown Origin  JING GEAR THEIR RESLECTIVE  WANGEY.
DAMAGE TO AIR  Aircraft Damage  None Destroy  Description of Damage  AND HE  ATTACIT  OHER WIS  Was an emergency evac  Method of Exit – Description  The	AIRCRAFT  uation of the aircraft  be how the occupant  Two PASS  FRONT COC.	THER PROP  aft Fire  ne  Ground  er Property (use  LED PROP  LED P	PLANE IS AT THE PERTY  Both Ground and In-Flight Unknown Origin  additional sheet if necessary)  CIMARILY TO THE  WHAT SECONDARY  SELLE DE TIP WAY  WHAT INTHESE  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  MANN OCCUPANTS evacuated ea	Aircraft Explosion  None In-Flight On-Ground  ELEFT LAN  DANNES TO  SLICHLY D  ROPERTY.	On  Both Ground and In-Flight Unknown Origin  JING GEAR THEIR RESLECTIVE  WANGEY.
DAMAGE TO AIR  Aircraft Damage  None Destroy  Description of Damage  AND HE  ATTACIT  OHER WIS  Was an emergency evac  Method of Exit – Description  The	AIRCRAFT  uation of the aircraft  be how the occupant  Two PASS  FRONT COC.	THER PROP  aft Fire  ne  Ground  er Property (use  LED PROP  LED P	PLANE IS AT THE PERTY  Both Ground and In-Flight Unknown Origin  additional sheet if necessary)  CIMARILY TO THE  WHAT SECONDARY  SELLE DE TIP WAY  WHAT INTHESE  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  MANN OCCUPANTS evacuated ea	Aircraft Explosion  None In-Flight On-Ground  ELEFT LAN  DANNES TO  SLICHLY D  ROPERTY.	On  Both Ground and In-Flight Unknown Origin  JING GEAR THEIR RESLECTIVE  WANGEY.
DAMAGE TO AIR  Aircraft Damage  None Destroy  Description of Damage  AND HE  ATTACIT  OHER WIS  Was an emergency evac  Method of Exit – Description  The	AIRCRAFT  uation of the aircraft  be how the occupant  Two PASS  FRONT COC.	THER PROP  aft Fire  ne  Ground  er Property (use  LED PROP  LED P	PLANE IS AT THE PERTY  Both Ground and In-Flight Unknown Origin  additional sheet if necessary)  CIMARILY TO THE  WHAT SECONDARY  SELLE DE TIP WAY  WHAT INTHESE  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  TO AINY OTHERS  MANN OCCUPANTS evacuated ea	Aircraft Explosion  None In-Flight On-Ground  ELEFT LAN  DANNES TO  SLICHLY D  ROPERTY.	On  Both Ground and In-Flight Unknown Origin  JING GEAR THEIR RESLECTIVE  WANGEY.

PILOT "A" INFORMAT	TION										-
Pilot "A" Responsibilities at							in in				
	Student Pilot	☐ Flight I	nstructor	С	heck Pilot	☐ Fligh	t Engineer	Other	Flight Crew		
Pilot "A" Identification											
First Name: RONALD					_ City	: GL	ENOAL	.t			
Middle Initial: M Last Name: RUNYAN					Stat	e: <u> </u>	+10 Z	IP: 452	46		
						intry:	,				
Age at time of Accident:	Date o	f Birth:	mm/dd <sup>†</sup> yy	yy	Cer	tificate N	Number: _				
Degree of Injury	Seat Occupi				!	Belt			Shoulder H		
None	Left Right Center	Front Rear Single	Пι	Jnknown	Used Avail			□ No □ No	Used Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check all				·····							<del>-</del>
□ None □ Stude		☐ Recre	ational	b	Commercia	al	П	Flight Engi	neer	☐ Foreign	
	Instructor	☐ Sport			Airline Tra			U.S. Milita			
Principal Occupation M	ledical Certific	ate			Med	ical Cer	tificate Va	lidity	Date of L	ast Medica	ıl
		Class 3	(0)	-4 D'I -4 -	D.W		nitations/wai		08/22	12016	
		Driver's Lice Unknown	ense (Spoi	rt Phot of		nknown	tions/waivers	S	mm/dd		
Medical Certificate Limitation											·
Medical Certificate Limitation	ons NEAR	CARR	こってい	UF	LENS	FS					
17/451	00 12/11 -	- 00 - 10			<i></i>						
Medical Certificate Waivers			61.	ONE	•						
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D ( CI (TIV I ( D		T = 1.									
Date of Last Flight Review or Equivalent, Including			t Reviev				- <i>1</i> 1	· a · O		n -> -	
FAR 121/135 Checks:(	>6/29/20					LFICS	sic r	INCERN	LFT Co	欠し	
	mm/dd/yyyy	Mode		MF:							
Airplane Rating(s) (Check all that apply)	Other Aircraf (Check all that a		1 .		t Rating(s)		Instructor	٠.	)		
□ None	None Check all that a	<i>ρριγ)</i>	' I	<i>necк ан н</i> None	hat apply)	ly) (Check all that apply)  ☑ None ☐ Instrument Airplan					Airnlane
Single-Engine Land	Airship			Airplane	;	☐ Airplane Single-Engine ☐ Instrum				Instrument	
☐ Single-Engine Sea☐ Multiengine Land	☐ Free Balloon ☐ Glider		<u> </u>	Helicopt Powered	ter				Helicopter Glider		
Multiengine Sea	Gyroplane			Powered	I LIII		Powered			Sport	
	Helicopter									-	
Type Ratings	☐ Powered Lift						Student F	Indorseme	nts (Include d	dates)	
NUNE								A	ares (menane i	icies)	
							$ \mathcal{O} $				
									<del></del>	<del></del>	<del></del>
Flight Time (enter appropriate	All	This Make	Airpl Sing		Airplane		Inst	rument T			Lighter
number of hours in each box)	Aircraft	& Model	Engi	ine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	1896.5	485	1896	.5		<u></u>	+		<del> </del>	ļ	-
Pilot in Command (PIC)	-					ļ			<u> </u>		-
Time as Instructor	000 Marasa Maa			(20.44,624,00			+	ļ	77926325		<u> </u>
This Make/Model	7 27 27	Mac R. V. V. M.				-	+			- 2389561	7 5/30 
Last 90 Days	025						+		-	-	
Last 30 Days Last 24 Hours	01.0					<del>                                     </del>	+	<del> </del>	<del> </del>	-	-
L431 27 110415			<u> </u>			ــــــــــــــــــــــــــــــــــــــ		<u> </u>		<u> </u>	

Pilot "B" Identification First Name Middle Initial: Last Name   Sate   State:   ZIP   State:   ZIP	PILOT "B" INFORM							1981			
First Name:	•			uctor [	Check Pilot	☐ Fligh	t Engineer	Other	Flight Crew		
City:   ZIP:   Country				· -							<del></del>
Seat Decrey   Seat Belt   Shoulder Harness   Seat Belt	First Name:Middle Initial:				Sta	.te:	7	ZIP:			
Seat Occupied   Seat West   Shoulder Harness   Seat Belt   Used	Age at time of Accident: Date of Birth: Certificate Number:										
Mintor   Unknown   Rear   Rear   Rear   Available   Yes   No   Available   Yes   No   Rear	Degree of Injury	Seat Occupied			Sea	t Belt			Shoulder H		
Student   Received	☐ Minor ☐ Unknown	Right	Rear	Unknowr							
Principal Occupation   Class 2   Class 3   Class 2   Class 3   Class 2   Class 3   Class 2   C											
Pilot   Other   Class 1   Oriver's License (Sport Pilot only)   With limitations/waivers   With Immitations/waivers   With Immi	Private F	ight Instructor		onal					у		
Class 1   Driver's License (Sport Pilot only)   With limitations/waivers   Individing   Individual   Indivi	" - <u>-</u>				i			•	Date of L	ast Medica	al
Date of Last Flight Review or Equivalent, Including FAR 121/15 Checks:	Other	Class 1 Driv	er's License	(Sport Pilot	only)	With limitat			mm/dd/	'איציא'	
Date of Last Flight Review or Equivalent, Including FAR 121/15 Checks:	Medical Certificate Limita	ations							<u> </u>		
Date of Last Flight Review or Equivalent, Including FAR 12/11/55 Checks:    mm/dd/j>   Airplane Rating(s)   C/heck all that apply)   C/heck all that apply   C/heck all that apply)   C/heck all that apply)   C/heck all that apply   C/hec											
Flight Time (enter appropriate mmber of hours in each box)  Flight Time (enter appropriate mmber of hours in each box)  Flight Time (enter appropriate mmber of hours in each box)  Total Time  Filot in Command (PIC)  Time Sas 90 Days  Last 90 Days  Last 90 Days  Last 90 Days  Check sell that image with the state in mmber of hours in each box in marked for the mmber of hours in each box in the state of the marked for the mmber of hours in each box in the state of the marked for the m	Medical Certificate Waive	ers			-						
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Flight Time (enter appropriate mmber of hours in each box)  Flight Time (enter appropriate mmber of hours in each box)  Flight Time (enter appropriate mmber of hours in each box)  Flight Time (enter appropriate mmber of hours in each box)  Total Time  Last 90 Days  Last 30 Days  Other Aircraft Rating(s)  Make:    Make:       Make:       Mode:       Mone       Airplane Rating(s) (Check all that apply) (Check all tha	TO CY AND LAND								· · · · · · · · · · · · · · · · · · ·		
Make:   Model:   Mo		7	Flight Re	eview Airc	raft						
Airplane Rating(s) (Check all that apply)   None			Make:								
Check all that apply    Chec											·
None	Airplane Rating(s)		ting(s)								
Single-Engine Land		, 11 27						nat apply)		T	
Student Endorsements (Include dates)    Flight Time (enter appropriate number of hours in each box)   Aircraft   All at Total Time	☐ Single-Engine Land	☐ Airship		None     Airpla	ne	☐ Airplane Single-Engine ☐ Instrument Helico				arplane Jelicopter	
Multiengine Sea				☐ Helico	pter	☐ Airplane Multi-Engine ☐ Helicopter			Helicopter	юносра-	
Helicopter Powered Lift  Type Ratings  Student Endorsements (Include dates)  Flight Time (enter appropriate mumber of hours in each box)  Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days  Last 30 Days				∐ Power	ed Lift						
Flight Time (enter appropriate number of hours in each box)  Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days  Student Endorsements (Include dates)  Student Endorsements (Include dates)    Instrument   Inst	-	☐ Helicopter				'		Liit		Sport	
Flight Time (enter appropriate number of hours in each box)  Total Time  Pilot in Command (PIC)  Time as Instructor  This Make/Model  Last 90 Days  Last 30 Days	Type Ratings	☐ Powered Litt		L			74 J 4 E-				
Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days	Type Natings					1	Student Li	idorsemen	t <b>s</b> (Include ac	ites)	
Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days											
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Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days											
Total Time Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days											
number of hours in each box)     Aircraft     & Model     Engine     Multiengine     Night     Actual     Simulated     Rotorcraft     Glider     Than Air       Total Time     Pilot in Command (PIC)     Pilo	Flight Time (enter approprie	ate All This			Airplane		Insti	rument			Lighton
Pilot in Command (PIC) Time as Instructor This Make/Model Last 90 Days Last 30 Days		1	1			Night	Actual	Simulated	Rotorcraft	Glider	
Time as Instructor This Make/Model Last 90 Days Last 30 Days Last 30 Days							a see a see a see a see a see				
This Make/Model Last 90 Days Last 30 Days	<del></del>					-					
Last 90 Days Last 30 Days					The second secon		ļ				
Last 30 Days							<u> </u>				
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ADDITIONAL FLIGHT CREW MEMBERS	(Exclusive of cabin attend	ants, complete the I	ollow	ing inform	ation)
Pilot Name and Address				Degree of Ir	jury
First Name:	Ten			None	☐ Fatal
Middle Initial: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State: ZIP:			Minor	Unknown
Last Name:	_ Country:			Serious	
Pilot Certificate(s) (Check all that apply)				Seat Occupi	ed
☐ None ☐ Student ☐ Recreational	☐ Commercial ☐ Flight	Engineer	,	☐ Left	Front
	Airline Transport U.S. M.	ilitary		Right	Rear
Type Rating/Endorsement for	Total Flight Time at the T	ime		☐ Center	Single
Accident/Incident Aircraft?	of this Accident/Incident:	hrs			Unknown
Pilot Name and Address				Degree of In	
				None	ijury □ Fatal
First Name:	City:			Minor	Unknown
Last Name:	Country:			Serious	
Pilot Certificate(s) (Check all that apply)				Seet Occur	
		mata a Dir		Seat Occupi	l <b>ea</b> □ Front
	☐ Commercial ☐ Flight ☐ Airline Transport ☐ U.S. M	Engineer	1	☐ Right	☐ Front ☐ Rear
Type Rating/Endorsement for	Total Flight Time at the T			Center	Single
Accident/Incident Aircraft?  Yes No	of this Accident/Incident:				Unknown
Pilot Name and Address				Degree of In	• •
First Name:	City:			None	☐ Fatal
Middle Initial:	State: ZIP:			☐ Minor ☐ Serious	Unknown
Last Name:	Country:				
Pilot Certificate(s) (Check all that apply)				Seat Occupi	ied
☐ None ☐ Student ☐ Recreational	☐ Commercial ☐ Flight ☐ Airline Transport ☐ U.S. M	Engineer	1	☐ Left	☐ Front
				Right	Rear
Type Rating/Endorsement for	Total Flight Time at the T		:	Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	of this Accident/Incident:	hrs			
PASSENGER(S) / OTHER PERSONNEL (	Include flight attendants:	ontinue on separal	te she	et if neces	sarv)
PASSENGER(S) / OTHER PERSONNEL (	Include flight attendants; (	continue on separa			
PASSENGER(S) / OTHER PERSONNEL (	Include flight attendants; o				
PASSENGER(S) / OTHER PERSONNEL (  Name and Address	Include flight attendants; (	continue on separal			
Name and Address		Seat	Crew Non-	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Name and Address First Name: W.L.I.4M		Seat	Crew Non-	Revenue Revenue Non- Occupant FAA	
Name and Address First Name: W.L.I.4M	City: FOLFY State: AL ZIP: 30 Country: U <a< td=""><td>1535 Fw:</td><td>Crew Non-</td><td>Revenue Revenue Non- Occupant FAA</td><td>Fatal Serious Injury Minor Injury No Injury</td></a<>	1535 Fw:	Crew Non-	Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER, JR.	City: FOLFY State: AL ZIP: 30 Country: U <a< td=""><td>1535 Fw:</td><td>Crew</td><td>Revenue  Revenue  Non- Occupant  FAA</td><td>Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma</td></a<>	1535 Fw:	Crew	Revenue  Revenue  Non- Occupant  FAA	Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER, JR.  First Name: LEICH	City: FOLFY State: AL ZIP: 30 Country: U <a< td=""><td>1535 Fw:</td><td>Crew</td><td>Revenue  Revenue  Non- Occupant  FAA</td><td>Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma</td></a<>	1535 Fw:	Crew	Revenue  Revenue  Non- Occupant  FAA	Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER, JR.	City: FOLEY State: AL ZIP: 3	1535 Fw:	Crew	Revenue  Revenue  Non- Occupant  FAA	Fatal Serious Injury Minor Injury No Injury
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER  First Name: LEICH  Middle Initial: 11  Last Name: BREWER	City: FOLFY State: AL ZIP: 34 Country: USA  City: FOLFY State: AL ZIP: 3 Country: USA	535 Fwi	Crew	Revenue  Revenue  Non- Occupant  FAA	Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER  First Name: LEICH  Middle Initial: 11  Last Name: BREWER	City: FOLFY State: AL ZIP: 34 Country: USA  City: FOLFY State: AL ZIP: 3 Country: USA	535 Fwi	C Crew		
Name and Address  First Name: WILLIAM  Middle Initial: M  Last Name: BREWER  First Name: LE CH  Middle Initial: H  Last Name: BREWER  First Name: Middle Initial:	City: FOLFY State: AL ZIP: 34 Country: USA  City: FOLFY State: AL ZIP: 33 Country: USA  City: State: ZIP: ZIP: State: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP	535 Fwi	C Crew		Fatal Serious Injury Minor Injury Mary Mary Mary Mary Mary Mary Mary Ma
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Name and Address  First Name: WILLIAM Middle Initial: M Last Name: BREWER  First Name: LE CH Middle Initial: Last Name: BREWER  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name: First Name:	City: FOLFY State: AL ZIP: 34 Country: USA  City: FOLFY State: AL ZIP: 3 Country: USA  City: State: ZIP: Country:	2535 Fwi			Company   Comp
Name and Address  First Name: WILLIAM Middle Initial: M Last Name: BREWER  First Name: BREWER  First Name: BREWER  First Name: Middle Initial: Last Name:  First Name: First Name:  Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name:  First Name: Middle Initial: Last Name: Middle Initial: La	City: FOLFY State: AL ZIP: 34 Country: USA  City: FOLFY State: AL ZIP: 3 Country: USA  City: State: ZIP: Country:	2535 Fwi			Company   Comp
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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 susequently 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 facilty now repairing the aircraft. Therefore, I have no recommendation at this time.

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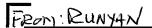


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## FOLLOW ADDRESSING INSTRUCTIONS BELOW

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 <a href="http://www.ntsb.gov">http://www.ntsb.gov</a>>.

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