

**NATIONAL TRANSPORTATION SAFETY BOARD  
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT**  
This form To Be Used For Reporting Civil Aircraft Accidents  
Involving Commercial and General Aviation Aircraft

<b>Location</b>		<i>1100</i>	
Nearest City/Place, State, Zip Code <i>LONG GROVE, IA / DONAHUE, IA. 52746</i>	Date of Accident <i>7/31/02</i>	Local Time <i>1100</i> (24 HOUR CLOCK) <i>1100 AM</i>	Elevation At Accident Site <i>750</i> Feet MSL <i>750</i> Feet MSL
If The Accident Occurred On Approach, Takeoff or Within 3 Miles of An Airport, Complete The Following Information			
<b>Proximity To Airport</b>			
1. <input type="checkbox"/> On Approach	3. <input type="checkbox"/> Within 1/2 Mile	5. <input type="checkbox"/> Within 1 Mile	7. <input type="checkbox"/> Within 3 Miles
2. <input type="checkbox"/> Within 1/4 Mile	4. <input type="checkbox"/> Within 3/4 Mile	6. <input type="checkbox"/> Within 2 Miles	8. <input checked="" type="checkbox"/> Beyond 3 Miles
Airport Name <i>DAVENPORT MUNICIPAL</i>	Airport Ident <i>DVA</i>	Runway/Landing Surface Conditions:	
		1. <input type="checkbox"/> Direction:	3. <input type="checkbox"/> Width:
		2. <input type="checkbox"/> Length:	4. <input type="checkbox"/> Surface:
		5. <input type="checkbox"/> Condition:	
<b>Phase Of Operation:</b>			
1. <input type="checkbox"/> Standing	3. <input type="checkbox"/> Takeoff	5. <input type="checkbox"/> Cruise	7. <input type="checkbox"/> Approach
2. <input type="checkbox"/> Taxi	4. <input checked="" type="checkbox"/> Climb	6. <input type="checkbox"/> Descent	8. <input type="checkbox"/> Landing
			9. <input type="checkbox"/> Hover/Maneuver
			10. <input type="checkbox"/> Altitude Of In-Flight Occurrence <i>2700</i> Feet MSL
<b>Aircraft Information</b>			
Registration Mark <i>N29FJ</i>	Aircraft Manufacturer <i>Pitts/JACKOVICH</i>	Aircraft Type/Model <i>Pitts SID modified</i>	Serial Number <i>7-0513</i>
			Cert Max Gross WT <i>1050#</i>
<b>Type Of Aircraft</b>		<b>Type Of Airworthiness Certificate</b>	
1. <input checked="" type="checkbox"/> Airplane	5. <input type="checkbox"/> Blimp/Dirigible	1. <input type="checkbox"/> Normal	5. <input type="checkbox"/> Restricted
2. <input type="checkbox"/> Helicopter	6. <input type="checkbox"/> Ultralight	2. <input type="checkbox"/> Utility	6. <input type="checkbox"/> Limited
3. <input type="checkbox"/> Glider	7. <input type="checkbox"/> Gyroplane	3. <input type="checkbox"/> Acrobatic	7. <input checked="" type="checkbox"/> Experimental
4. <input type="checkbox"/> Balloon	8. <input type="checkbox"/> Specify	4. <input type="checkbox"/> Transport	8. <input type="checkbox"/> Specify
<b>Landing Gear</b>			<b>No. Of Seats</b>
1. <input type="checkbox"/> Tricycle—Fixed	4. <input type="checkbox"/> Tailwheel—Retractable	7. <input type="checkbox"/> Skid	Flight/Cabin
2. <input type="checkbox"/> <i>[REDACTED]</i>	5. <input type="checkbox"/> Tailwheel—Retractable Mains	8. <input type="checkbox"/> Limited	Crew
3. <input checked="" type="checkbox"/> <i>[REDACTED]</i>	6. <input type="checkbox"/> Amphibian	9. <input type="checkbox"/> Specify	Pax
<b>Stall Warning System Installed</b>		<b>Engine Type</b>	
1. <input type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Yes	1. <input checked="" type="checkbox"/> Reciprocating—Carburetor	3. <input type="checkbox"/> Turbo Prop
2. <input checked="" type="checkbox"/> No	2. <input type="checkbox"/> No	2. <input checked="" type="checkbox"/> Reciprocating—Fuel Injected	4. <input type="checkbox"/> Turbo Jet
		5. <input type="checkbox"/> Turbo Fan	6. <input type="checkbox"/> Turbo Shaft
Engine Manufacturer <i>LYCOMING</i>	Engine Model/Series <i>AEIO 360-FIA6 (EXPERIMENTAL)</i>	Engine Rated Power 1. <i>200+</i> Horsepower 2. <i>?</i> Lbs Thrust	Type Of Fire Extinguishing System Used 1. <input checked="" type="checkbox"/> None 2. Specify
Engine(s)	Date of Mfg.	Mfg. Serial No.	Total Time
Engine No. 1	<i>? NA</i>	<i>L-30728-36A</i>	<i>NA 375.15</i> Hours
Engine No. 2			Hours
Engine No. 3			Hours
Engine No. 4			Hours
<b>Type Of Maintenance Program</b>		<b>Type Of Last Inspection</b>	
1. <input checked="" type="checkbox"/> Annual	1. <input checked="" type="checkbox"/> Annual	Date Last Inspection Performed <i>6/3/02</i> (M/D/Y)	
2. <input type="checkbox"/> Manufacturer's Inspection Program	2. <input type="checkbox"/> 100 Hours	Time Since Last Inspection <i>4.29</i> Hours	
3. <input type="checkbox"/> Other Approved Inspection Program (AAIP)	3. <input type="checkbox"/> AAIP	Airframe Total Time <i>375.15</i> Hours	
4. <input checked="" type="checkbox"/> Continuous Airworthiness	4. <input type="checkbox"/> Continuous Airworthiness		
5. <input checked="" type="checkbox"/> Specify <i>conditional on experimental</i>			
Emergency Locator Transmitter (ELT) <i>single place</i>	ELT Manufacturer <i>none on board</i>	Model/Series	Serial Number
Switch 1. <input type="checkbox"/> On 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Armed	Operated 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	Aided In Accident Location 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
Registered Aircraft Owner <i>STEVEN JOHN JACKOVICH</i>		Address <i>BETENDORF, IOWA 52722-5059</i>	
Operator Of Aircraft 1. <input checked="" type="checkbox"/> Same As Registered Owner 2. Name 3. DBS:		Address 1. <input checked="" type="checkbox"/> Same As Registered Owner 2.	

# Owner / Operator Information (cont.)

Operator (Certificate Number) <b>[REDACTED]</b>	Operator Designator (4 Letter Designator)
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## Purpose Of Flight And Type Of Operation

<b>Regulation Flight Conductor Under</b> 1. <input checked="" type="checkbox"/> FAR91 (only)    4. <input type="checkbox"/> FAR 121    7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D    5. <input type="checkbox"/> FAR 125    8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103    6. <input type="checkbox"/> FAR 129    9. <input type="checkbox"/> FAR 137	<b>Operator Authority</b> <b>FAR121</b> 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental  <b>FAR 133</b> 6. <input type="checkbox"/> Rotorcraft External Load  <b>FAR125</b> 7. <input type="checkbox"/> Large Aircraft  <b>FAR 135</b> 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter  <b>FAR 129</b> 8. <input type="checkbox"/> Foreign	<b>FAR 121, 125, 127, 129, 135 Revenue Operations</b> 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____
<b>Purpose of Flight</b> 1. <input checked="" type="checkbox"/> Personal    6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business    7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational    8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate    9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application    10. <input type="checkbox"/> Positioning		

## Pilot Information

Pilot Name <b>STEVEN JOHN JACKOVICH</b>	Pilot Certificate No. <b>[REDACTED]</b>	Address <b>BETENDORF, IOWA 52722</b>	Nationality <b>US</b>
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<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input checked="" type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____
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<b>Rating (s)</b> 1. <input checked="" type="checkbox"/> None    6. <input type="checkbox"/> Helicopter 2. <input type="checkbox"/> Single Engine Land    7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea    8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land    9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea    10. <input type="checkbox"/> Gyroplane	<b>Instrument Rating (s)</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter	<b>Instructor Rating (s)</b> 1. <input checked="" type="checkbox"/> None    6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E.    7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E.    8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter    9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider
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<b>Type Ratings/Student Endorsements</b>	<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b> <b>3/16/02</b>	<b>BFR Aircraft</b> 1. Make <b>PIPER</b> 2. Model <b>ARROW</b>
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<b>Medical Certificate</b> 1. <input type="checkbox"/> None    3. <input checked="" type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1    4. <input type="checkbox"/> Class 3	<b>Date Of Last Medical (M/D/Y)</b> <b>11/12/01</b>	<b>Limitations</b> <b>NONE</b> <b>Waivers</b> <b>[REDACTED]</b>	<b>Date Of Birth (M/D/Y)</b> <b>[REDACTED]</b>
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<b>Degree Of Injury</b> 1. <input checked="" type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal	<b>Seat Occupied</b> 1. <input type="checkbox"/> Left    4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right    5. <input type="checkbox"/> Rear 3. <input checked="" type="checkbox"/> Center	<b>Person At Controls At Time Of Accident</b> 1. <input checked="" type="checkbox"/> Pilot In Control    4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot    5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots	<b>Seat Belt Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No
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<b>Seat Belt Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Available</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Shoulder Harness Used</b> 1. <input checked="" type="checkbox"/> Yes 2. <input type="checkbox"/> No	<b>Source Of Pilot Flight Time Information</b> 1. <input checked="" type="checkbox"/> Pilot Logbook    4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate    5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records
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Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual	Instrument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1029.2	435.3	1029.2	0	22.1	0	12.8	0	0	0
Pilot In Command (PIC)										
Instructor										
This Make & Model					0	0	0			
Last 90 Days	10 HRS.									
Last 30 Days	2.0 HRS.									
Last 24 Hours	0									

## Second Pilot Information

<b>Second Pilot Responsibilities At The Time Of Accident</b> 1. <input type="checkbox"/> Co-Pilot    2. <input type="checkbox"/> Dual Student    3. <input type="checkbox"/> Safety Pilot    4. <input type="checkbox"/> Check Pilot    5. <input type="checkbox"/> None (Pilot-Rated Passenger)
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Pilot Name <b>[REDACTED]</b>	Pilot Certificate No. <b>[REDACTED]</b>	Address _____	Nationality _____
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<b>Certificate (s)</b> 1. <input type="checkbox"/> Student    3. <input type="checkbox"/> Commercial    5. <input type="checkbox"/> Flight Instructor    7. <input type="checkbox"/> Military    9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private    4. <input type="checkbox"/> Airline Transport    6. <input type="checkbox"/> Flight Engineer    8. <input type="checkbox"/> Foreign    10. Specify _____
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Second Pilot Information (cont.)											
<b>Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Single Engine Land 3. <input type="checkbox"/> Single Engine Sea 4. <input type="checkbox"/> Multiengine Land 5. <input type="checkbox"/> Multiengine Sea 6. <input type="checkbox"/> Helicopter 7. <input type="checkbox"/> Glider 8. <input type="checkbox"/> Free Balloon 9. <input type="checkbox"/> Airship 10. <input type="checkbox"/> Gyroplane				<b>Instrument Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		<b>Instructor Rating (s)</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane S.E. 3. <input type="checkbox"/> Airplane M.E. 4. <input type="checkbox"/> Helicopter 5. <input type="checkbox"/> Glider 6. <input type="checkbox"/> Instrument Airplane 7. <input type="checkbox"/> Instrument Helicopter 8. <input type="checkbox"/> Ground Instructor 9. <input type="checkbox"/> Specify _____					
<b>Type Ratings/Student Endorsements</b>				<b>Date Of Biennial Flight Review or Equivalent (M/D/Y)</b>		<b>BFR Aircraft</b> 1. Make _____ 2. Model _____					
<b>Medical Certificate</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Class 1 3. <input type="checkbox"/> Class 2 4. <input type="checkbox"/> Class 3		<b>Date Of Last Medical (M/D/Y)</b>		<b>Limitations</b> _____ <b>Waivers</b> _____				<b>Date Of Birth (M/D/Y)</b>			
<b>Degree Of Injury</b> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		<b>Seat Occupied</b> 1. <input type="checkbox"/> Left 2. <input type="checkbox"/> Right 3. <input type="checkbox"/> Center 4. <input type="checkbox"/> Front 5. <input type="checkbox"/> Rear		<b>Seat Belt Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No							
<b>Seat Belt Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Available</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		<b>Shoulder Harness Used</b> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____					
<b>Flight Time</b>		<b>All A/C</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
Total Time							Actual	Simulated			
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
<b>Other Personnel</b>											
<b>Name</b>		<b>Seat</b>	<b>Address (City &amp; State)</b>			<b>Crew</b>	<b>Non-Revenue</b>	<b>Revenue</b>	<b>Non-Occupant</b>	<b>FAA</b>	<b>Fatal Serious Minor None</b>
1.											
2.											
3.											
4.											
5.											
6.											
<b>Flight Itinerary Information</b>											
<b>Last Departure Point</b>		<b>Time Of Departure</b>		<b>Destination</b>		<b>Flight Plan Filed</b>					
1. Airport ID <u>DVN</u>		1. Time <u>1030 A.M.</u>		1. Airport ID <u>DVN</u>		1. <input checked="" type="checkbox"/> None			4. <input type="checkbox"/> VFR/IFR		
2. City/Place <u>DAVENPORT, IA</u>		2. Time Zone <u>CDT</u>		2. City/Place <u>DAVENPORT</u>		2. <input type="checkbox"/> VFR			5. <input type="checkbox"/> Company (VFR)		
3. State <u>IA</u>				3. State <u>IA</u>		3. <input type="checkbox"/> IFR			6. <input type="checkbox"/> Military (VFR)		
<b>If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished</b> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">weather was not a factor</div>											
<b>Fuel On Board At Last Takeoff</b> <u>14</u> Gallons or _____ Pounds				<b>Fuel Type</b> 1. <input checked="" type="checkbox"/> 80/87 2. <input type="checkbox"/> 100 Low Lead 3. <input type="checkbox"/> 100/130 4. <input type="checkbox"/> 115/145 5. <input type="checkbox"/> Jet A 6. <input type="checkbox"/> Automotive				7. Specify _____			
<b>Other Services, If Any, Prior to Departure</b>  											
<b>Weather Information At The Accident Site</b>											
<b>Source Of Weather Information (Pilot/Operator, Weather Observation)</b>				<b>Light Condition</b> 1. <input checked="" type="checkbox"/> Dawn 2. <input checked="" type="checkbox"/> Daylight 3. <input type="checkbox"/> Dusk 4. <input type="checkbox"/> Bright Night 5. <input type="checkbox"/> Dark Night				<b>Visibility</b> <u>10+</u> Miles		<b>Temp (°F)</b> <u>APPROX. 90°?</u>	

Weather Information At The Accident Site (cont.)					
<b>Dew Point</b> <div style="font-size: 1.5em; margin-top: 10px;">? NA</div> <div style="text-align: right;">(°F)</div>	<b>Altimeter Setting</b> <div style="font-size: 1.5em; margin-top: 10px;">?</div> <div style="text-align: right;">"Hg</div>	<b>Sky/Lowest Cloud Condition</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. <input checked="" type="checkbox"/> Clear  2. <input type="checkbox"/> Scattered _____ Feet AGL  3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div style="width: 45%;"> 4. <input type="checkbox"/> Overcast _____ Feet AGL  5. <input type="checkbox"/> Partial Obscuration  6. <input type="checkbox"/> Obscured </div> </div>			
<b>Wind Information</b> 1. Direction <u>210°</u> 2. Velocity <u>5-10 Kts MAX.</u> 3. Gusts _____ Kts		<b>Restriction To Visibility</b> <div style="font-size: 1.5em; margin-top: 10px;">0</div>	<b>Type Precipitation</b>	<b>Intensity Of Precipitation</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. <input type="checkbox"/> Light  2. <input type="checkbox"/> Moderate </div> <div style="width: 45%;"> 3. <input type="checkbox"/> Heavy  4. Specify _____ </div> </div>	
<b>Turbulence (Multiple Entry)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 16%;">1. <input checked="" type="checkbox"/> None</div> <div style="width: 16%;">2. <input type="checkbox"/> Light</div> <div style="width: 16%;">3. <input type="checkbox"/> Moderate</div> <div style="width: 16%;">4. <input type="checkbox"/> Severe</div> <div style="width: 16%;">5. <input type="checkbox"/> Extreme</div> <div style="width: 16%;">6. <input type="checkbox"/> Clean Air</div> <div style="width: 16%;">7. <input type="checkbox"/> In Clouds</div> </div>					
<b>Damage To Aircraft And Other Property</b>					
<b>Degree Of Aircraft Damage</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. <input type="checkbox"/> None  2. <input type="checkbox"/> Minor  3. <input checked="" type="checkbox"/> Substantial  4. <input checked="" type="checkbox"/> Destroyed </div> <div style="width: 45%;"> <b>Fire</b>  1. <input type="checkbox"/> Yes  2. <input checked="" type="checkbox"/> No  3. <input type="checkbox"/> In-Flight  4. <input type="checkbox"/> On Ground </div> </div> <div style="margin-top: 10px; text-align: center;"> <div style="display: inline-block; width: 40%;">1/2</div> <div style="display: inline-block; width: 40%;">1/2</div> </div>					
<b>Description Of Damage To Aircraft And Other Property</b> <div style="font-size: 1.2em; margin-top: 10px;"> SOME SOYBEAN CROP DAMAGE (MINIMAL 1/4 ACRE MAX.)  EPENAGE DESTROYED BEYOND REPAIR/ LANDING GEAR GROUP RUINED DESTROYED  STARBOARD UPPER WING/PORT LOWER WING/PROP + SPINNER... possibly also bent crankshaft </div>					
<b>Mechanical Malfunction Failure</b>					
<div style="display: flex;"> <div style="width: 10%;"> 1. <input checked="" type="checkbox"/> No  2. <input type="checkbox"/> Yes </div> <div style="width: 80%;"> List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure </div> </div>				<b>Total Time</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> On Part  _____ Hours </div> <div style="width: 45%; text-align: center;"> At Overhaul  _____ Hours </div> </div>	
<b>Collision Accident</b> If Collision Accident Occurred, Complete The Information For Other Aircraft					
<b>Registration Mark</b>	<b>Aircraft Manufacturer</b>	<b>Aircraft Type/Model</b>	<b>Degree Of Aircraft Damage</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. <input type="checkbox"/> Destroyed  2. <input type="checkbox"/> Substantial </div> <div style="width: 45%;"> 3. <input type="checkbox"/> Minor  4. <input type="checkbox"/> None </div> </div>		
<b>Registered Aircraft Owner</b>			<b>Address</b>		
<b>Pilot Name</b>		<b>Address</b>		<b>Pilot Certificate No.</b>	
<b>Evacuation Of Aircraft</b>					
<b>Assistance Received</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1. <input type="checkbox"/> Outside Person (s)  2. <input type="checkbox"/> Auxiliary Lighting </div> <div style="width: 30%;"> 3. <input type="checkbox"/> Slide  4. <input type="checkbox"/> Rope </div> <div style="width: 30%;"> 5. <input type="checkbox"/> Ladder  6. <input type="checkbox"/> Specify _____ </div> </div>					
<b>Method Of Exit (State Approximate Number Of Persons Using Each Of The Following)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">1. Main Door _____</div> <div style="width: 30%;">2. Auxiliary Door _____</div> <div style="width: 30%;">3. Emergency Exit _____</div> </div>					
<b>Recommendation (How Could This Accident Have Been Prevented)</b> Operator/Owner Safety Recommendation (Optional Entry)					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student      3. <input type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student      3. <input checked="" type="checkbox"/> Commercial      5. <input type="checkbox"/> Flight Instructor      7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private      4. <input type="checkbox"/> Airline Transport      6. <input type="checkbox"/> Flight Engineer      8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Ratings/Endorsements <i>ASVT</i>		Total Flight Time <i>1029.2 HRS.</i>	Flight Time This Accident <i>1029.2 HRS.</i>
<div style="font-size: 2em; font-family: cursive;">Single place Pits!</div>			

# Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain And Include A Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

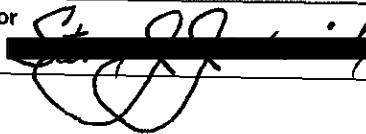
I WAS ON A DUE EAST HEADING AND APPROX. 1 MILE SOUTH OF FORCED LANDING SITE. I BROUGHT THE AIRCRAFT NOSE UP WITH FULL POWER TO A STEEP DEPARTURE STALL ATTITUDE (VERY HIGH HORSEPOWER TO WEIGHT RATIO AIRCRAFT!). JUST PRIOR TO STALL I SMARTLY REDUCED POWER TO IDLE STOP/SETTING. THE AIRCRAFT NOSE DROPPED RAPIDLY AND VERTICALLY THROUGH THE HORIZON AS WELL AS I BELIEVE THE AIRCRAFT MAY HAVE HAD SOME REVERSE DIRECTION RELATIVE WIND PRODUCING WHAT SOME "OLDTIMERS" REFER TO AS A "WHIP STALL". THE AIRCRAFT WAS AT APPROX. 2000' AGL (OR VERY NEAR THIS) AT THE APOGEE/HIGHEST POINT OF THE MANEUVER. I ULTIMATELY RECOVERED ON A NORTH-NORTHEASTERY HEADING. THE ENGINE STOPPED AND THE PROP AS WELL WHILE THE NOSE WAS DROPPING BELOW THE HORIZON. I BELIEVE SOME REVERSE RELATIVE WIND FLOW/DIRECTION WAS THE MAIN CONTRIBUTING FACTOR TO FORCING THE ENGINE & PROP STOPPAGE. I ENDED UP ON A NORTHERLY HEADING AFTER AN ABORTED BRIEF ATTEMPT AT AN AIRSTART (NO ONBOARD STARTER OR BATTERY). I PROCEEDED IN BEST GLIDE PROFILE TO THE FORCED LANDING SPOT AND TOUCHED DOWN IN A NOSE HIGH THREE POINT ATTITUDE AND AT OR NEAR POWER OFF STALL AIRSPEED. LANDED IN A SOYBEAN FIELD. AIRCRAFT NOSED-OVER THEN SOMMERSAULTED FORWARD/CONTACTING TAIL GROUP, RIGHT UPPER THEN SETTLED ON LEFT LOWER WING AFTER SPREADING LANDING GEAR. AIRCRAFT ENDED UPRIGHT 150° TO THE RIGHT OF 320°/330° LANDING DIRECTION. I REMAINED CONSCIOUS DURING ROUGH LANDING AND WALKED AWAY UNHURT!

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

8/6/02

Signature Of Pilot/Operator



Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

CH202LAZZ7

Reviewed By NTSB Office Located At

WEST CHICAGO, IL

Name Of Investigator

T. SORENSON

Date Report Received

8/8/02