

**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: BORGER State: TX  
 ZIP: \_\_\_\_\_ Country: HUTCHINSON  
 Latitude: \_\_\_\_\_ (dd.mm.ss N/S) Longitude: \_\_\_\_\_ (ddd.mm:ss E/W)

**Date/Time**

Date: 05/11/2018 Local Time: 1815  
 mm/dd/yyyy Time Zone: \_\_\_\_\_

**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**

0 ft MSL

**AIRCRAFT INFORMATION**

Manufacturer: VANS / WITTMAN  
 Model: RV-6  
 Serial Number: 23207  
 Registration Number: N833DW Amateur-built: ☒ Yes ☐ No

Max Gross Weight: 1800 lbs  
 Weight at Time of Accident/Incident: 1600 lbs  
 Location of Center of Gravity at Time of Accident/Incident:  
 \_\_\_\_\_ inches from ☐ nose or ☐ datum  
 -or- \_\_\_\_\_ 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** **Special**  
☒ Normal ☐ Restricted  
☐ Utility ☐ Limited  
☐ Aerobatic ☐ Provisional  
☐ Transport ☒ Experimental  
☐ Special Flight  
☐ Light Sport

**Number of Seats:** 2

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: 11/1/2017  
 mm/dd/yyyy

Airframe Total Time: 405.9 hrs  
 hours measured at (check one)  
☐ Last Inspection ☒ Time of Accident/Incident

**IFR Equipped**

☐ Yes ☒ No ☐ Unknown

**Stall Warning System Installed**

☐ Yes ☒ No ☐ Unknown

**Type of Fire Extinguishing System**

☐ None  
☒ Specify PORTABLE HALON

**ELT Installed**

☒ Yes ☐ No

**ELT Activated**

☐ Yes ☒ No

ELT Manufacturer: AKC

Model/Series: UNK.

**ELT Aided in Locating Accident/Incident**

☐ Yes ☐ No

Serial Number: UNK.

Battery Type: D-"FLASHLIGHT"

Battery Exp. Date: UNK

**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: SENSNICH

Model: RV-6

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's 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	<u>LYCOMING</u>	<u>O-360 A1A</u>	<u>L37673-36A</u>	<u>7-14-02</u>	<u>180</u>	<u>326.8</u>	<u>346.8</u>	<u>326.8</u>
Eng. 2								
Eng. 3								
Eng. 4								

# OWNER/OPERATOR INFORMATION

## Registered Aircraft Owner

Name: DALE R. WITTMAN

Fractional Ownership Aircraft: ☐ Yes ☒ No

Owner's Address:  
City: [REDACTED]  
State: [REDACTED]  
Country: [REDACTED]

## 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

## Purpose of Flight

for FAR 91, 103, 133, 137 (Select one)

- ☒ Personal  
☐ Business  
☐ Executive/Corporate  
☐ Other Work Use  
☐ Instructional  
☐ Ferry  
☐ Positioning  
☐ Aerial Application  
☐ Aerial Observation  
☐ Air Drop  
☐ Air Race / Show  
☐ Flight Test  
☐ Public Use  
☐ Unknown

## Revenue Operation

for FAR 121, 125, 129, 135 (Select one)

- ☐ Scheduled or Commuter  
☐ Non-Scheduled or Air Taxi

## Domestic or International

☐ Domestic ☐ International

## Cargo Operation

- ☐ Passenger/Cargo  
☐ Passenger \_\_\_\_\_ How many?  
☐ Cargo \_\_\_\_\_ lbs  
☐ Mail

## Type of Commercial Operating Certificate Held

(Check all that apply)

- ☐ None  
☐ Flag Carrier Operating Certificate (121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (129)  
☐ Commuter Air Carrier (135)  
☐ On-Demand Air Taxi (135)  
☐ Large Helicopter (127)  
☐ Rotorcraft External Load (133)  
☐ - or -  
☐ Agricultural Aircraft (137)  
☐ Other Operator of Large Aircraft

## OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

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

## Damage to Other Aircraft

- ☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

## 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: \_\_\_\_\_

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

Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☐ Unknown

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

## Total Time/Cycles On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

## Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

### Aircraft Damage

- ☐ None ☐ Substantial  
☐ Minor ☒ Destroyed

### Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

### Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight  
☐ In-Flight ☐ Unknown Origin  
☐ On-Ground

## Description of Damage to Aircraft and Other Property (use additional sheet if necessary)

AIRCRAFT DESTROYED IN GO AROUND ATTEMPT. IMPACTED GROUND AT SHALLOW ANGLE INSIDE SMALL OIL PIPING FACILITY, SPUN THROUGH LARGE CHAIN LINK FENCE, BENDING OR TEARING 80-90% OF AIRCRAFT. DESTROYED APPROXIMATELY 75' CHAIN LINK FENCE AND GATES.

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

Airport Identifier: KBGD Distance From Airport Center: 1/2 SM  
 Airport Name: HUTCHINSON COUNTY Direction From Airport: 270 degrees MAG  
 Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip Airport Elevation: 3055 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 ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TWOR ☐ 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: 21 (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ 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>KCMR</u> City: <u>WILLIAMS</u> State: <u>ARIZONA</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>0830</u> Time Zone: <u>MST</u>	<b>Destination</b> Airport ID: <u>KBGD</u> City: <u>BORGER</u> State: <u>TX</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

## Airspace where the accident/incident occurred (Check all that apply)

☐ Class A ☒ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area

## Aircraft Load Description (Check all that apply)

☐ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☒ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☒ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds

## FUEL &amp; SERVICES INFORMATION

<b>Fuel on Board at Last Takeoff</b> (convert from pounds, as necessary) <u>38</u> Gallons	<b>Fuel Type</b> <input checked="" type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input 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	<input type="checkbox"/> Other, specify _____
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Other Services, if Any, Prior to Departure

# EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit—Describe how the occupants exited and how many occupants evacuated each location

CANOPY FRAME WAS JAMMED BY FUSELAGE DISTORTION. USED CRASH AX (WELDING CHIPPING HAMMER) TO BREAK OUT CANOPY HOLE LARGE ENOUGH FOR EGROSS.

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

<b>Weather Observation Facility</b> Facility ID: <u>KBGP</u> Observation Time: <u>1320</u> Time Zone: <u>CST</u> Distance from Accident Site: <u>1</u> NM Direction from Accident Site: <u>270</u> degrees MAG		<b>Source of Weather Information</b> <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown		<b>Method of Briefing</b> <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input checked="" type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
<b>Briefing Type/Completeness</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Abbreviated <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Pertinent		<b>Light Condition</b> <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		<b>Visibility</b> <u>UNL</u> miles
<b>Sky/Lowest Cloud Condition</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown		<b>Ceiling</b> <input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown		<b>Restriction to Visibility</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog <input type="checkbox"/> Haze <input type="checkbox"/> Ice Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown
<b>Lowest Cloud Condition Height</b> <u>NONE</u> ft AGL		<b>Ceiling Height</b> <u>N/A</u> ft AGL		
<b>Wind Direction</b> <input type="checkbox"/> Indicated: _____ degrees MAG <input checked="" type="checkbox"/> Variable @ <u>6</u>	<b>Wind Speed</b> Velocity: <u>6</u> KTS -or- <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Light and Variable	<b>Wind Gusts</b> Velocity: <u>30-40</u> KTS <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting <u>EXPERIENCED</u>	<b>Type of Turbulence</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input checked="" type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm <b>Severity of Turbulence</b> <input type="checkbox"/> Extreme <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Light	

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

None

<b>Temperature:</b> _____ (C) or <u>40</u> (F) <b>Altimeter Setting:</b> _____ in HG <u>UNK</u> or _____ MB <b>Density Altitude:</b> _____ ft <u>UNK</u> <b>Dew Point:</b> _____ (C) or _____ (F)	<b>Icing Forecast</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Type of Precipitation</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain Showers <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Drizzle <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Snow Grains <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Freezing Drizzle
	<b>Icing Actual</b> Amount <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

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

### Pilot "A" Identification

Degree of Injury

Seat Occupied

**Seat Belt**

### Shoulder Harness

Pilot Certificate(s) (Check all that apply)

Principal Occupation

## Medical Certificate

### Medical Certificate Validity

Date of Last Medical

### Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

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

03/22/2018  
mm/dd/yyyy

## Flight Review Aircraft

Make: CESSNA  
Model: 172

**Airplane Rating(s)**  
(Check all that apply)

☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)**  
(Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)**  
(Check all that apply)

☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**  
(Check all that apply)

☒ None

☐ Airplane Single-Engine

☐ Airplane Multi-Engine

☐ Gyroplane

☐ Powered Lift

☐ Instrument Airplane

☐ Instrument Helicopter

☐ Helicopter

☐ Glider

☐ Sport

### Type Ratings

**Student Endorsements** *(Include dates)*

7

# **PILOT "B" INFORMATION**

## **Pilot "B" Responsibilities at the Time of Accident/Incident**

☐ 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/Incident: \_\_\_\_\_ 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> _____ <span style="margin-left: 100px;">mm/dd/yyyy</span>
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**Medical Certificate Limitations**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Certificate Waivers**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ <span style="margin-left: 100px;">mm/dd/yyyy</span>	<b>Flight Review Aircraft</b> Make: _____ Model: _____
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<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <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> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Helicopter <input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider <input type="checkbox"/> Powered Lift <input type="checkbox"/> Sport
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<b>Type Ratings</b> _____ _____ _____	<b>Student Endorsements</b> <i>(Include dates)</i> _____ _____ _____
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						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>		<b>Degree of Injury</b>
First Name _____	City _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial _____	State _____ ZIP _____	
Last Name _____	Country _____	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</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		<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>		<b>Degree of Injury</b>
First Name _____	City _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial _____	State _____ ZIP _____	
Last Name _____	Country _____	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</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		<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>		<b>Degree of Injury</b>
First Name _____	City _____	<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious
Middle Initial _____	State _____ ZIP _____	
Last Name _____	Country _____	
<b>Pilot Certificate(s)</b> (Check all that apply)		<b>Seat Occupied</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		<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 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial _____											
Last Name _____											
City _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State _____ ZIP _____											
Country _____											
First Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial _____											
Last Name _____											
City _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State _____ ZIP _____											
Country _____											
First Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial _____											
Last Name _____											
City _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State _____ ZIP _____											
Country _____											
First Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial _____											
Last Name _____											
City _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State _____ ZIP _____											
Country _____											
First Name _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial _____											
Last Name _____											
City _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State _____ ZIP _____											
Country _____											

**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 time and point of departure, intended destination, and services obtained.

ARRIVING BORGER TEXAS ON NEXT-TO-LAST LEG HOME TO OKLAHOMA  
WIND FORECASTS WERE TO BE STRONG WINDS FROM THE SOUTHWEST  
10-20 KTS.

UPON ARRIVAL FROM WILLIAMS ARIZONA, BORGER ASOS WAS REPORTING  
WINDS MUCH LESS THAN FORECAST, "VARIABLE 4-6 KTS". INITIAL PLAN  
WAS TO LAND RWY 21 AS WAS BEST ALIGNED WITH FORECAST WINDS.  
PERFORMED UPWIND PATTERN ENTRY, ON SHORT FINAL, EXPERIENCED STRONG  
UPDRAFTS FROM UNUSUAL LANDFORMS. LANDED ABOUT RWY INTERSECTION  
POINT, THEN EXPERIENCED STRONG WIND GUSTS CAUSING SWERVING. AS  
CONDITIONS DETERIORATED, DECIDED TO INITIATE A GO-AROUND AND APPLIED  
FULL POWER. AT THIS POINT AIRCRAFT WAS DEPARTING THE RWY AT ABOUT  
20% ANGLE TO THE RIGHT. A/C BEGAN TO RISE BUT SO DID TERRAIN AT  
SIDE OF RWY. RECALL HEAVY BRUSH/WOODS DRAGGING ON MAIN LANDING.  
GEAR SLOWING ACCELERATION ATTEMPT. CONTINUED ATTEMPTING TO GET AIRBORN.  
GROUND SUDDENLY DROPPED AWAY REVEALING A PETROLEUM PIPELINE FACILITY,  
SEEING POWER LINES DIRECTLY AHEAD, WITHOUT ENOUGH AIRSPEED OPTED  
TO GO UNDER POWER LINES - CLEARED OIL PIPES BUT THEN SHORTLY IMPACTED  
THE GROUND THEN HIT CHAINLINK FENCE AND SPUN AROUND VIOLENTLY.  
AIRCRAFT SETTLED JUST PAST AND CLEAR OF FENCE, REALIZING I HAD SURVIVED,  
BEGAN TO WORRY ABOUT BEING TRAPPED AND CHANCE OF FIRE. BROKE CANOPY,  
EGRESSED MOVED AWAY AND CALLED 911 ON MY CELL PHONE.

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

Operator/Owner Safety Recommendation

THE RISING GROUND AND WEEDS/BRUSH ALONG THE RIGHT SIDE OF RWY 21  
ABOUT  $\frac{1}{2}$  -  $\frac{3}{4}$  WAY DOWN RWY MADE IT IMPOSSIBLE TO GO AROUND  
EVEN SLIGHTLY TO SIDE OF RUNWAY.

**ADDITIONAL INFORMATION** *(Please type or print in ink.)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Date of this Report <u>06/24/2018</u> <small>(Date filed)</small>	Signature  Signature _____ Type or Print Name: <u>DALE R. WITTMAN</u>
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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. <u>CEN18CA173</u>	Reviewed by NTSB Regional Office <u>Chicago</u>	Name of Investigator <u>Mitchell Gallo</u>	Date Report Received <u>06/24/18</u>
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