

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

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

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: _____ State: _____
 ZIP: _____ Country: _____
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: _____ Local Time: _____
mm/dd/yyyy Time Zone: _____
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: _____
Manufacturer: _____
Model: _____
Serial Number: _____
Year of Manufacture: _____
Amateur-Built: Yes *If Yes:* Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: _____ Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: _____

Category of Aircraft Airplane Balloon Blimp/Dirigible Glider Gyroplane Helicopter Powered Lift Rocket Ultralight Unknown	Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard Special Normal Restricted Aerobatic Limited Balloon Provisional Commuter Special Flight Transport Experimental Utility Special Light-Sport Experimental Light-Sport Certificate of Authorization or Waiver (COA) None Unknown	Landing Gear <i>(Check all that apply)</i> Retractable Tricycle Tailwheel Amphibian High Skid Emergency Float Skid Float Ski Hull Ski/Wheel Other Launch/Recovery System None Unknown	Engine Type <i>(Select one)</i> Reciprocating Liquid Rocket Turbo Shaft Solid Rocket Turbo Prop Hybrid Rocket Turbo Jet None Turbo Fan Unknown Fuel System Type <i>(Reciprocating)</i> Carburetor Fuel-Injected
---	---	---	---

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection Annual Unknown	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____
--	--	--

Date Last Inspection: _____ <i>mm/dd/yyyy</i>	ELT Installed: Yes No <i>If Yes:</i> ELT Manufacturer: _____ Model or Part No.: _____	Additional Equipment <i>(Check all that apply)</i> ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____
---	--	---

Type of Maintenance Program <i>(Select one)</i> Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____	TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? Yes No Was ELT still connected to antenna? Yes No Did ELT Activate? Yes No <i>If activated:</i> Did ELT Aid in Locating Aircraft: Yes No <i>If not activated:</i>
--	--

Description of Fire Extinguishing System None Specify: _____	Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown
---	---

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: _____
 Fractional Ownership Aircraft: Yes No

City: _____
 State: _____ ZIP: _____
 Country: _____

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____
 Doing Business As: _____
 Air Carrier/Operator Designator (4 Character Code): _____

City: _____
 State: _____ ZIP: _____
 Country: _____

Operating Certificates Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (FAR 121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (FAR 129)
- Rotorcraft External Load (FAR 133)
- Commuter Air Carrier (FAR 135)
- On-Demand Air Taxi (FAR 135)
- Commercial Air Tour (FAR 136)
- Agricultural Aircraft (FAR 137)
- Pilot School (FAR 141)
- Certificate of Authorization or Waiver (COA)
- Commercial Space Transportation
- Experimental Permit
- Commercial Space Transportation License
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- | | | |
|---------|---------|---------|
| FAR 91 | FAR 129 | FAR 415 |
| FAR 103 | FAR 133 | FAR 431 |
| FAR 121 | FAR 135 | FAR 435 |
| FAR 125 | FAR 137 | FAR 437 |

FAR 91 Special Flight
 Non-US, Commercial
 Non-US, Non-commercial

Public Aircraft *(Select one)*
 Armed Forces
 Federal
 State
 Local
 Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|---------------------------|---------------|
| Scheduled or Commuter | Domestic |
| Non-Scheduled or Air Taxi | International |

- Passenger
- Cargo
- Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|---------------------|----------------|---------|
| Aerial Application | Firefighting | Unknown |
| Aerial Observation | Flight Test | |
| Air Drop | Glider Tow | |
| Air Race/Show | Instructional | |
| Banner Tow | Other Work Use | |
| Business | Personal | |
| Executive/Corporate | Positioning | |
| External Load | Skydiving | |
| Ferry | | |

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: _____
Airport Identifier: _____
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm
Direction From Airport: _____ degrees true
Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface (Check all that apply)

- | | | | |
|----------|------------|------------|---------|
| Asphalt | Grass/Turf | Macadam | Water |
| Concrete | Gravel | Metal/Wood | |
| Dirt | Ice | Snow | Unknown |

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 | |
| Slush-Covered | Vegetation | Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|---------------|-----------------------------------|------------------------|-----------|-----------------------------------|
| Taxi | VFR Departure | On Instrument Approach | Downwind | Low Approach |
| Takeoff | IFR Departure Procedure/Clearance | Landing | Base | Go Around |
| Initial Climb | | | Final | Aborted Landing (after touchdown) |
| | | | Crosswind | Unknown |

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

“FLIGHT CREWMEMBER 1” INFORMATION

“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 1” was pilot flying Yes No

“Flight Crewmember 1” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
--	---	--	--

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
---	--

Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
---	--	---	---	---

Type Ratings	Student Endorsements <i>(Include dates)</i>

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										

“FLIGHT CREWMEMBER 2” INFORMATION

“Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying Yes No

“Flight Crewmember 2” Identification

First Name: _____ City of Residence: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy
 Certificate Number: _____

Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Unknown Right Rear Center Single			Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown		Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer							

Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver’s License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy
--	---	--	--

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
---	--

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 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)
---------------------	---

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 CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	None	None	Not Installed
Student	Sport	Flight Engineer		Lap Only	Lap Only	Installed
				3-point	3-point	Not Deployed
				4-point	4-point	Deployed
				5-point	5-point	Unknown
				Unknown	Unknown	
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

Crew Name and Address				Seat Occupied		Injury
First Name: _____	City of Residence: _____			Left	Front	None
Middle Initial: _____	State: _____	ZIP: _____		Center	Rear	Minor
Last Name: _____	Country: _____			Right	Single	Serious
					Unknown	Fatal
						Unknown
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints
None	Flight Instructor	Commercial	US Military	Available	Used	
Private	Recreational	Airline Transport	Foreign	Lap Only	Lap Only	Not Installed
Student	Sport	Flight Engineer		3-point	3-point	Installed
				4-point	4-point	Not Deployed
				5-point	5-point	Deployed
				Unknown	Unknown	Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Yes	No					

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
Crew	Passenger	Other						
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
Crew	Passenger	Other						
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
Crew	Passenger	Other						
First Name: _____	City : _____		Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	Available	Used	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Middle Initial: _____	State: _____	ZIP: _____			None	None		
Last Name: _____	Country: _____				Lap Only	Lap Only		
					3-point	3-point		
					4-point	4-point		
			5-point	5-point				
			Unknown	Unknown				
Crew	Passenger	Other						

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed None VFR/IFR Company VFR IFR Military VFR Unknown VFR Activated? Yes No Unknown
---	---	--	---

Type of ATC Clearance/Service (Check all that apply)

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

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

Class A	Class G	Military Operations Area (MOA)	Special	Altitude of In-Flight Occurrence: _____ ft msl
Class B	Demo Area	Airport Advisory Area	Air Traffic Control Area	
Class C	Warning Area	Jet Training Area	Unknown	
Class D	Prohibited Area	TRSA		
Class E	Restricted Area	FAR 93		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
--	---

Basic Conditions VMC IMC Unknown	Light Condition Dawn Day Dusk Night Dark Night Bright Night Unknown
--	---

Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown Lowest Cloud Condition Height _____ ft agl	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown Ceiling Height _____ ft agl	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
--	--	---

Wind Direction Variable -or- Direction: _____ degrees true	Wind Speed Calm Light and Variable -or- Speed: _____ kts	Wind Gusts Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
--	---	--	---

Intensity of Precipitation Light Moderate Heavy N/A Unknown	Type of Precipitation (Check all that apply) None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
---	--	--

Icing Forecast <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Icing Actual <table border="1"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>	Amount	Type	None	N/A	Trace	Rime	Light	Clear	Moderate	Mixed	Severe	Unknown	Unknown		Turbulence <table border="1"> <tr> <th>Type</th> <th>Severity</th> </tr> <tr> <td>None</td> <td>Light</td> </tr> <tr> <td>Clear Air</td> <td>Moderate</td> </tr> <tr> <td>Terrain-Induced</td> <td>Severe</td> </tr> <tr> <td>Convective Turbulence</td> <td>Extreme</td> </tr> </table>	Type	Severity	None	Light	Clear Air	Moderate	Terrain-Induced	Severe	Convective Turbulence	Extreme
Amount	Type																																							
None	N/A																																							
Trace	Rime																																							
Light	Clear																																							
Moderate	Mixed																																							
Severe	Unknown																																							
Unknown																																								
Amount	Type																																							
None	N/A																																							
Trace	Rime																																							
Light	Clear																																							
Moderate	Mixed																																							
Severe	Unknown																																							
Unknown																																								
Type	Severity																																							
None	Light																																							
Clear Air	Moderate																																							
Terrain-Induced	Severe																																							
Convective Turbulence	Extreme																																							

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

None	Substantial
Minor	Destroyed
	Unknown

Aircraft Fire

None	Both Ground and In-Flight
In-Flight	Fire at Unknown Time
On-Ground	Unknown

Aircraft Explosion

None	Both Ground and In-Flight
In-Flight	Explosion at Unknown Time
On-Ground	Unknown

Description of Damage to Aircraft and Other Property *(Use additional sheet if necessary)*

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

Larry Lowenkron invited me to go flying with him on Monday, March 18, 2019 in his Tailwheel airplane, a C-140A, from the originating home airport, Creswell Hobby Field, 77S, to Corvallis Municipal, CVO. We took off from Creswell at 11:14 AM. At the destination airport he demonstrated a three point landing, took off, did a closed traffic pattern, and then a wheel landing, another closed traffic pattern, gave me the controls on climb out and let me attempt the third landing. When the main tires touched the runway, we had a slight bounce. I added a touch of power, had a much smaller bounce, landed. The plane veered right, I applied left rudder to correct to centerline. I over corrected, applied right rudder, the plane veered back to the right, then got squirrely. I said uh oh, Larry put his feet on the rudders, then the next thing I remember is the prop striking the runway, then the aircraft flipped over onto its back. The plane came to rest on its back, on the wings. After the plane came to rest, Larry turned off the fuel, mags and master and reminded me to not unbuckle my seat belt so that I would not come crashing down and hit my head. He exited the plane out his door, came around to my door, opened it, unbuckled my seat belt while I braced myself so that I did not fall, then climbed out of the aircraft. We were not injured.
Betty Weidenhaft

I pretty much agree with what Betty said above. When I put my feet on the rudders, I also put my hands on the yoke intending to help Betty "fly it off". However, we were decelerating rapidly when I attempted to help fly it off. I did not at any time apply brakes.
Larry Lowenkron

Betty Weidenhaft's Addendum to Narrative History of Flight for N5641C 3/18/19

My mindset while flying was I was under Larry's supervision. I was not given final authority, that's why Larry tried to help with the controls when things got squirrely. Larry was the operator of his aircraft.

I was a crew member as I did perform duties in an aircraft during flight time. I was the Pilot Flying. I was not, however, PIC. While I did have control of the airplane, I did not have the responsibility for the airplane. I was not acting as PIC or CFI. Larry is the owner of the aircraft and was PIC during the entirety of the flight, and as such had the absolute authority, the obligation, and the responsibility for the safety of the flight.

I would also like to add that I believe there may have been a mechanical malfunction or failure that presupposed the nose over. As evidenced in photos of the aircraft while it was on its back on the runway, the left rudder cable is not attached. Per additional photos the rudder cable breakage may have been an old fault. Regardless, we lost control of the aircraft and it nosed over.

After the strong second yaw to the right, Larry got on the rudders. I do not recall pushing the left rudder again. And thereafter I do not recall putting any additional control inputs.

Respectfully submitted,
Betty Weidenhaft

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

Operator/Owner Safety Recommendation

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

Was there Mechanical Malfunction/Failure? Yes No
 (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

FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

_____ Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify _____

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

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**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

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

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 _____ <i>mm/dd/yyyy</i>	Name of Pilot/Operator: _____ Signature: _____ <i>-- or --</i> Check here to electronically sign this document
--	--

If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

-- or -- Check here to electronically sign this document

FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received