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 INFORM			<u> </u>									
Accident/Incident Loc						Ac	cident/Incid	lent Date/7	lime			
Nearest City/Place: Roo				State: L	Jtah					cal Time:	1135	
ZIP: <u>84066</u> Country: <u>USA</u>					Du	mm/d	d/yyyy					
Latitude: Longitude:								Ti	me Zone:	Mountain		
(Enter in decime	al degrees or a	legrees:minutes:sec	conds)			Co	llision with	Other Air	craft: C) Midair	OOn-groun	d O None
AIRCRAFT INFO	RMATIO	N										
Registration Number:	N4257A						🗹 IFR-Equi					
Manufacturer: Maule	e						Commerci		ght			
Model: <u>M7 235C</u>						Μ	aximum Gr	oss Weigh	t: 2800		lbs	
Serial Number: 2508	3C					W	eight at Tin	ne of Accid	lent/Inci	dent: <u>230</u>	0	lbs
Year of Manufacture:	2002					Nı	umber of Se	ats: <u>4</u>		Flight Cre	ew Seats: 1	
Amateur-Built: OYes		OKit/Plans Mal	ke:			Са	bin Crew Sea	ts:		Passenger	Seats: 3	
⊙ No	1	Original Design					umber of Ei	ngines: <u>1</u>				
Category of Aircraft	Type of A (Check all t	irworthiness Ce	ertificate		Landing Ge (Check all that				-	e Type (Se		1 D14
 Airplane Balloon 	Standar					-	actable		O Reci O Turb	procating o Shaft		d Rocket Rocket
OBlimp/Dirigible	🗹 Norma							ailwheel	O Turb	o Prop	O Hybr	id Rocket
O Glider O Gyroplane	Aerob								O Turb		ONone OUnkn	
OHelicopter		uter 🗌 Special	l Flight		Amphibia			ligh Skid kid	OFuro		U	lown
O Powered Lift	Transp				Float	-	□s	ki	-			
ORocket OUltralight	🗖 Utility		l Light-Spo mental Ligi		Hull		LIS	ki/Wheel	Fuel Sy	stem Type	(Reciprocatii	ng)
OUltralight Experimental Light-Sport OUnknown Certificate of Authorization or Waiver (COA)			Other Lau	inch	/Recovery Sy	stem	OCarb	uretor	⊙ Fuel-	Injected		
	None		Unknown	(0011)	□ None		U	Inknown				
		Engine		Manuf	acturer's		Date of Mfg.	Rated Pow O Horser		Total Time	Time Inspection	Since: Overhaul
Engine Engine Manufa	acturer	Model/Series			Number		mm/dd/yyyy	O lbs of		(hours)	(hours)	(hours)
Eng. 1 Lycoming		IO-540-W1A5		L28419	-48A		05-01-2002	230		1206	35	1206
Eng. 2												
Eng. 3 Eng. 4						+						
Last Inspection Type			Propello	er 1	OFixed P			l Propo	eller 2	-	Fixed Pitch	
O100-Hour OCon	tinuous Airwo	orthiness	● Contro			ollable Pitch OControllable Pi nd Adjustable OGround Adjust						
O AAIP O Con	ditional Inspec		Manufacturer: McCauley				Justuole	Manu	facturer:		orouna Auju	
●Annual OUnk			Model:	B3D32C	414 - C							
Date Last Inspection:	<u> </u>		ELT Ins	stalled:	⊙Yes O	No		Additio	onal Equ	ipment (Check all that	t apply)
Airframe Total Time:		hrs	If Yes:						☑ ADS-B □ Airframe Parachute			
hours measured at (S			ELT Ma		er: <u>EBC</u> .: EBC 502					ck Indicato	r	
OLast Inspection	• Time of A	ccident/Incident				00	1a (121 5 MH	Z) Aut				
Type of Maintenance Program (Select one)				ISO No.: OC91 (121.5 MHz) O C91a (121.5 MHz) D Ata Recorder OC126 (406 MHz) E lectronic Flight Bag of						Handheld De	vice	
• Annual Was EI			Was ELT	F still mo	unted in aircra	ft?	•Yes •No	Elec	etronic Mu	ltifunction	Display	
O Conditional (Amateur-built only) O Manufacturer's Inspection Program Was ELT s				Г still con	nected to anter	nna'		Eleo		mary Fligh	t Display	
O Other Approved Inspection Program (AAIP)					? OYes ON	No			dheld GP ds Up Dis			
O Continuous Airworthiness If acti						6 4. 1		□Ont	oard Wea	ther		
O Other, specify:			If not ac		ocating Aircra	it. 1			ellite Tracl 1 Warning	king Device	2	
Description of Fire Ex O None	unguishing	system	Indicate		Impact Dar	nao	e			ing Device		
O Specify:				-	Fire Damag	ge -			er, Specify			
					Battery Exp	pire	d/Damaged					
					🗹 Unknown							

OWNER/OPERATOR INFORM	TION					
Registered Aircraft Owner		City: Las Vegas				
Name: loka Flight Service LLC		State: <u>NV</u> ZIP: 89117				
Fractional Ownership Aircraft: O Yes G	No	Country: USA				
Operator of Aircraft Same As Re	gistered Owner	☑ Same Address as Registered Owner				
Name: Charles R Thompsen		City:				
Doing Business As:						
Air Carrier/Operator Designator (4 Charact	er Code):	Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un					
 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) 	OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight O Non-US, Commercial	\Colored 431 \Colored Non-Scheduled or Air Taxi \Colored International \Colored 435 \Colored Non-Scheduled or Air Taxi \Colored International				
 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 	 Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown 	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting O Unknown O Aerial Observation OFlight Test O Unknown O Air Drop OGlider Tow OInstructional O Air Race/Show OInstructional Other Work Use O Business OPersonal OPersonal O Executive/Corporate OPositioning				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving				
O Yes O No	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)				
		Distance From Airport Center: <u>.5</u> sm				
Airport Identifier: <u>K74V</u>		Direction From Airport: <u>070</u> degrees true				
Proximity to Airport: O Off Airport/Airstri		Airport Elevation: 5176 ft. msl				
Runway Information Runway ID: 25 (L/R/C) Length: 65 Runway/Landing Surface (Check all that all display) Ø Asphalt Grass/Turf Ocncrete Gravel Dirt Ice	apply) adam 🔲 Water I/Wood	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 Slush-Covered Vegetation Unknown				
Approach/Departure Segment (Select one)					
Approach/Departure Segment (Select one) OTaxi OVFR Departure OTaxi OVFR Departure OTaxi OIFR Departure Procedure/Clearance OInitial Climb OIFR Departure Procedure/Clearance On Instrument Approach ODownwind OBase OGo Around OFinal OAborted Landing (after touchdow OCrosswind Ounknown						
IFR Approach (Check all that apply) ☑ None		VFR Approach (Check all that apply)				
ADF/NDBPARSDFSidestepVOR/TVORILSVOR/DMELocalizer OnlyTACANLOC-back courseRNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	☑ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing ☑ Full Stop □ Precautionary Landing				

"FLIGHT CREWMEM	BER 1" INF	ORMATI	ON								
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident											
● Pilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew											
"Flight Crewmember 1" wa		□Yes □ N	No								
"Flight Crewmember 1" Ide	entification										
First Name: <u>Charles</u> City of Residence: <u>Las Vegas</u>											
Middle Initial: R ZIP: 89117											
Last Name: Thompsen Country: USA											
Age at time of	Accident/Incide	ent: <u>70</u>	Date of B	Birth:		194	<u>8</u> m	m/dd/yyyy			
		С	ertificate Num	ıber:							
Degree of Injury	Seat Occup	oied			Rest	raint Ty	pe		j	Inflatable F	Restraints
 None Fatal Minor Unknown 	• Left	O Front O Rear	O Unknow	vn	A	vailable	e	Used			
O Serious	O Right O Center	O Rear O Single				O None		O None O Lap only		✓ Not Ins	
Pilot Certificate(s) (Check al	l that apply)					O Lap or O 3-poir		OLapoint ⊙3-point	y	□ Not De	ployed
□ None □ Flight I		Commercial	🗖 US M	ilitary		O 4-poir		O 4-point		Deploy	
✓ Private □ Recrea		Airline Transp	_ 0	n		O 5-poir O Unkno		O 5-point O Unknov	vn		VII
Student Sport		Flight Enginee				•		Ũ			
Principal Occupation	Medical Certific	cate			Med	ical Cer	tificate Va	lidity		Date of Las	st Medical
0 1 100		Class 3					nitations/wai		nknown	00/05/00	4.0
		Driver's Lice Unknown	ense (Sport Pilot	only)		ith limita becial Issu	tions/waivers	s ON	/A	<u>06/05/20</u> mm/dd/y	
Medical Certificate Limitat	-	JUIKIOWI				Jeelai 1550			I	~~	
Corrective Lenses											
Corrective Lenses											
Medical Certificate Special	Issuance										
Date of Last Flight Review		Fligh	t Review Airo	eraft							
or Equivalent, Including FAR 121/135 Checks:	07/03/2017	Make	Maule								
FAR 121/155 Cilcers		Mode	I: M7 235C								
Airplane Rating(s)	Other Aircrat	ft Rating(s)	Instrum	ent Rati	ng(s)		Instructo	r Rating(s)			
(Check all that apply)	(Check all that a	apply)	(Check al				(Check all i				
☐ None ✓ Single-Engine Land	☑ None □ Airship		None None				✓ None	· Charle Fran		Instrument	
✓ Single-Engine Land	Balloon		Airpla					e Single-Eng e Multi-Engi		Instrument Helicopter	Helicopter
☐ Multiengine Land	Glider		D Power				🗖 Gyropla	ine		Glider	
Multiengine Sea	☐ Gyroplane ☐ Helicopter						□ Powere	d Lift		Sport	
	Powered Lift	t									
Type Ratings							Student E	Endorsemen	nts (Include	dates)	
Flight Time (Fut			Airplane				Inst	rument			_
Flight Time (Enter appropriate number of hours in each box)	2 All Aircraft	This Make & Model	Single Engine	Airpla Multien		Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	1,185	985	1,185		9	1		5			
Pilot in Command (PIC)	1,134	985	1,134			14		4			
Time as Instructor											
This Make/Model											
Last 90 Days	10	10	10								
Last 30 Days	6	6	6								
Last 24 Hours	3	3	3								

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot O Student Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" wa	as pilot flying 🛛 🗋	Yes 🗖	No							
"Flight Crewmember 2" Id	entification									
First Name:					City of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
	Accident/Incident:									
Age at time of			rtificate Numb				, cici yyyy			
Degree of Injury	Seat Occupied	Cer			straint T	Type			Inflatable R	lagtuginta
O None O Fatal		OFront	O Unknow						innatable n	lestraints
O Minor O Unknown O Serious	ORight	ÖRear OSingle			Availab O Non O Lap	e	Used O None O Lap only	,	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ll that apply)				O Lap O 3-po	•	O Lap only O 3-point	y I	□ Instance □ Not Dep	
□ None □ Flight		mercial	🗖 US Mil	litary	O 4-po		O 4-point		Deploye	
Private Recrea		ne Transpo	_ 0	ı İ	O 5-po O Unk		O 5-point O Unknow	/n	Unknow	vn
Student Sport		nt Engineer			•		•			
Principal Occupation	Medical Certificate			Me	edical Ce	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Cla					imitations/waiv		nknown		
		iver's Liceı known	nse (Sport Pilot	<i>J</i> /	With limi Special Is	tations/waivers	5 O N	/A		vv
Medical Certificate Limitar	• • • • •	kilowii			Speelal 13	suance				
Meulcar Certificate Linina										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		-								
FAR 121/135 Checks:	mm/dd/yyyy	Model								
Airplane Rating(s)	Other Aircraft R		-	ent Rating(s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply			that apply)	3)	(Check all th				
□ None	□ None		□ None			D None			Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airplar			Airplane	Single-Engir		Instrument H Helicopter	elicopter
☐ Multiengine Land	Glider					\Box Amplane \Box Gyroplan			Glider	
☐ Multiengine Sea	Gyroplane					D Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings			1			Student Er	ndorsement	t s (Include d	ates)	
	1		Airplane			<u> </u>		1	1	1
Flight Time (Enter appropria		nis Make	Single	Airplane			rument	-		Lighter
number of hours in each box)	Aircraft &	2 Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Dilat in Commond (DIC)										
Pilot in Command (PIC)										
Time as Instructor This Make/Model										
Last 90 Days										
Last 30 Days					+					
Last 24 Hours										
									1	

Crew Name and Address Seat Occupied Injury First Name:	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)												
Midde Initial: State: ZP:	Crew Name and Add	dress						Seat Occupie	d	Injury			
Middle Intality State: ZP Origin Orig	First Name:	First Name: City of Residence:											
Tast Name:	Middle Initial:	Middle Initial: ZIP:							O Single	-			
Filed Certificate(s) (Check all hus apply) Inflatable Restraint Type: Inflatable Inflatable Byon Byon Artifies Transport ICS Military Oracegen Orace Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Oracegen Orace	Last Name: Country:							O Unknown					
Some Fight Instructor Commercial US Military Available Used Bit Instructor Student Spectralination Total Fight Time at the Time O None O	Bilat Contificato(s)	(Classic applied						Restraint Ty	ne•				
□ Provace □ Recreasional □ Aritics Transport □ Procegn ○ Lag Cuby ○ Lag Cuby ○ Not Installed Type Rating/Endorsement for Accident/Incident Aircraft? □ Ves Not Total Flight Time at the Time ○ Lag Cuby ○ Apoint									Used				
□ Student □ Sport □ Flight Fight Fight Fight Fine at the Time of this Accident/Incident: 0.3-point 0.4-point	$\square Private \square Recreational \square Airline Transport \square Foreign$							-					
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident: O Separation (S sparation) O Separation (S sparation) Deployed (Unknown) Crew Name and Address Seat Occupied Injury Pirst Name: City of Residence: ZIP O Left (S region) O None (S region)	Student Sport Flight Engineer								O 3-point				
Accident/Incident Aircraft? Yes No of this Accident/Incident: Inrs OUMMAN Common Parallel First Name:	Type Rating/Endors	sement for		Total F	light Time at	t the Time		O 5-point	O 5-point	Deployed			
First Name:	Accident/Incident A	Aircraft? 🛛 Yes	🗖 No	of this A	Accident/Inci	ident:	hrs	O Unknown	O Unknown				
First Name:	Crow Name and Add												
Private State ZIP: Ormer Ormer <t< td=""><td></td><td></td><td>City</td><td>ofReside</td><td>nce:</td><td></td><td></td><td>· · · ·</td><td></td><td></td></t<>			City	ofReside	nce:			· · · ·					
Last Name:								OCenter	ORear	O Minor			
Pilot Certificate(s) (Check all that apply) Image: Commercial Student apply) Used in the straint Type: Available Student apply in the stu								ORight	-	O Fatal			
Image: Student										O Unknown			
□ None □ Flight Instructor □ Commercial □ US Millary □ None □ Aritin Transport □ Foreign ○ None ○ None ○ None ○ None □ ap Only Type Rating/Endorsement for ○ None of this Accident/Incident: □ hrs ○ None ○ None ○ None ○ None ○ None □ ap Only ○ Not Installed □ bot Insta	_				_								
Image: Student Image: Sport Image: Flight Engineer One of this Accident/Incident and the Time of this Accident/Incident: Image: Sport Image: Sport </td <td></td> <td></td> <td>_</td> <td></td> <td></td> <td>-</td> <td></td> <td>O None</td> <td>O None</td> <td></td>			_			-		O None	O None				
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident: Or applyed Deployed Not Deployed Deployed PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Inflatable Restraint Type Inflatable Restraints Age Name and Address Seat Injury Restraint Type Inflatable Restraints Age First Name: Country: Other Other <th cols<="" td=""><td></td><td></td><td></td><td>•</td><td></td><td>CIEII</td><td></td><td></td><td></td><td>Installed</td></th>	<td></td> <td></td> <td></td> <td>•</td> <td></td> <td>CIEII</td> <td></td> <td></td> <td></td> <td>Installed</td>				•		CIEII				Installed		
Accident/Incident Aircraft? Urst Of this Accident/Incident: Inst Outnown Outnown Outnown Outnown PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Inflatable Age First Name:	Type Rating/Endors	sement for		Total F	light Time a	t the Time		O 4-point	O 4-point				
Name and Address Seat Injury Restraint Type Inflatable Restraints Age First Name:	••		□ No		-		hrs						
Name and Address Seat Injury Restraint Type Restraints Age First Name:													
First Name: City : OLeft ONone ONone ONone ONone ONone Duap Only Installed Installed Installed OChild Restraint Ast Name: Country: OOther Other OLeft ONone ONone ONone OLen Only Olap Only <td>PASSENGER(S)</td> <td>/ OTHER PERSC</td> <td>ONNEL (I</td> <td>Include c</td> <td>abin crew; c</td> <td>ontinue on s</td> <td>eparate shee</td> <td>t if necessary)</td> <td></td> <td>•</td>	PASSENGER(S)	/ OTHER PERSC	ONNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		•			
Middle Initial:		/ OTHER PERSC	<u>DNNEL (I</u>	Include c						Age			
Last Name:	Name and Address				Seat	Injury	Restraint T Available	'ype Used	Restraints				
OCrew OPassenger Other Row: Othation Oradianova Os-point	Name and Address	City :			Seat OLeft	Injury ONone	Restraint T Available ONone OLap Only	Ype Used O None O Lap Only	Restraints				
First Name: City : OLeft ONem None Not Installed Installed Middle Initial: State: ZIP: Other OLeft Ocenter Oknown	Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years			
First Name: City : OLeft ONone ONone ONone OLap Only Installed Install	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years I <i>If Under 5</i> , O Child Restraint			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	☐ Under 5 years <i>If Under 5</i> , O Child Restraint O Lap-Held			
Last Name:	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Otl	her	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints	☐ Under 5 years 1 If Under 5, O Child Restraint O Lap-Held O Unknown			
OCrew OPassenger O Uher Row: O Unknown O Unknown O S-point O S-point O Lap-Held First Name:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP: O Oth		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints Not Installed Installed Not Deployed Deployed Unknown	□ Under 5 years I <i>If Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years			
First Name: City : City : OLeft ONone	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Otl ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,			
Middle Initial:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Middle Initial: Last Name:	City : State: Country: OPassenger City : State: Country:	ZIP: O Oti ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed Doployed Deployed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held			
Last Name: Country: ORight ORight OSerious O3-point Image: O4-point Image: O4-poi	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City : State: Country: OPassenger	ZIP: O Oth ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used	Restraints Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown			
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FLIGHT ITINERARY I	NFORMATIO	N						
Last Departure Point	Tim	e of Departure	Destinatio	n		Type Fligh	t Plan F	ïled
Airport ID: KVGT		0742	Airport ID:	K74V		O None		O VFR/IFR
City: Las Vegas	1 ime	<u>. 0743</u>	City: Roos	sevelt		O Company O Military V		O IFR O Unknown
State: Nevada	Time	Zone: Pacific	State: Uta	h		• VFR	VI IX	
Country: USA			Country: U	ISA		Activated?	OYes	⊙No OUnknow
Type of ATC Clearance/Serv	vice (Check all that	apply)						
	Special VFR IFR		ecial IFR R On Top		✓ VFR Flight Follo□ Traffic Advisory	0	Cruis	se 10wn / NA
Airspace where the accident							Altitu	de of In-Flight
	Class G		itary Operations port Advisory Ai		☐ Special ☐ Air Traffic Contr			rence:
	Demo Area Warning Area		Training Area	lea		of Alea		ft msl
Class D	Prohibited Area				_			
	Restricted Area	☐ FA						
WEATHER INFORMA			T/INCIDEN			<u> </u>		
Source of Pilot Weather Info (Check all that apply)	ormation				servation Facility			
National Weather Service	Com	pany		Facility ID: K				
Flight Service Station	🗖 Milit	tary			me: <u>1125 - 1135</u>			
TV/Radio Automated Report	☐ Inter ☐ None			Time Zone: <u>N</u>				
Commercial Weather Service				Distance from A	Accident Site: 0		nm	
On-Board Weather	· · · <u> </u>			Direction from	Accident Site: 0		_ degrees	true
Basic Conditions		Light Conditi						
O VMC		ODawn	ODusk	ODark		known		
O IMC O Unknown		O Day	ONight	Obligi	ht Night			
Sky/Lowest Cloud Condition	n	Ceiling			Temperature:		(C) or	(F)
•	Thin Broken	• None (Clear)) 0	Obscured				
	Thin Overcast	O Broken		Indefinite	Dew Point:(C) or(F			(F)
O Partial Obscuration C O Scattered	Unknown	O Overcast O Unknown			Altimeter Setting: in. Hg			
Lowest Cloud Condition He	eight	 Ceiling Heigh	t			or	ME	3
	ft agl			ft agl				
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	.,	
☑ Variable	□ Calm		□ Not Gustin			:	miles feet	
	Light and Varia	ıble						
-or- Direction: degrees true	-or- Speed: 10	kts	-or- Speed: 20	kts	RVV		miles	Ω.
0	· -			Kt5	Density Altitud		1 1 11	ft
Intensity of Precipitation OLight	Type of Precipita ☑ None	Drizzle	<i>nat apply)</i> Freezing	a Dain	Restriction to	visidinty (C. □ F		nat apply)
O Moderate	\square Rain	\square Ice Pellets			Blowing Du		Bround Fo)g
OHeavy	\Box Snow	□ Snow Pellet			Blowing Sar			
ON/A OUnknown	☐ Hail ☐ Rain Showers	□ Snow Grain □ Ice Crystals		g Drizzle	□ Blowing Sn □ Blowing Sp		ce Fog moke	
Clikilowii					Dust		Jnknown	
Icing Forecast		Icing Actual			Turbulence			
Amount Type		Amount	Type		Type (Check al	ll that apply)		verity Light
 None N/A Trace Rime 		 None Trace 	O N/A O Rime		✓ None □ Clear Air			Moderate
O Light O Clear		O Light	O Clear		Terrain-Indu			Severe
O Moderate O Mixed O Severe O Unknow		O Moderate O Severe	O Mixe O Unkn			Furbulence		Extreme
O Unknown	11	O Severe O Unknown						
NOTAMs (D and FDC), A	IRMET [®] SIGN	L IETS PIRFP	s in effect at	the time of th	l ne accident/incid	lent:		
$\mathbf{P} \mathbf{P} \mathbf{P} \mathbf{P} \mathbf{P} \mathbf{P} \mathbf{P} \mathbf{P} $		11213, I HNEF	s m cneet al	ene chine vi li		JUIII.		

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None O

O Minor

ge Substantial Destroyed

O Unknown

Aircraft Fire None In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Bent prop, right wing tip, right aileron, right and left spring gear, lower right fuselage skins.

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 and location, services obtained, and intended destination. Provide as much detail as possible.

On the morning of April 27th, I took off from North Las Vegas, Nevada (KVGT) at 0743 local (Pacific) for Roosevelt, Utah (74V). I had checked the weather and filed a flight plan through Foreflight; I did not activate the flight plan as I had flight following for the entire route. The weather outlook was VFR on a direct route from KVGT to 74V. I carried no passengers and had full tanks (70 gallons) and personal baggage.

Near Duchesne, Utah (U69, about 15 miles away) I picked up Roosevelt AWOS which announced calm winds. As I came closer, the winds were announced as anywhere between 5-7 Knots from between 3200 and 2900, so I entered a left downwind for Runway 25. I turned on a final approach and touched down on the mains slightly to the left of centerline. As the tailwheel touched down I felt a strong push to the left; the right wing went up and the aircraft veered left of the centerline. I put in strong right rudder and leveled the wings, but kept on veering left, leaving the runway onto the dirt shoulder. I continued tracking to the left and stopped in a ditch. I was not physically injured; visible damage to the aircraft included: bent props; right wing tip and right aileron damaged; right landing spring gear was bent.

The airport manager, **Constant (Constant and Constant and**

My assessment is that a strong gust from the right (North) caught me as I touched down; During the next several hours the winds steadily picked up in the 25-35 knot range.

Howard Harding, who has handled my aircraft service and repairs, recovered the aircraft to the 74V Maintenance Hangar.

RECOMMENDATION (How could this	accident/incident h	ave been prevente	1?)		
Operator/Owner Safety Recommendation					
I have discussed with a flight instructor s	everal scenario's.	Crosswind and gu	st handling will ge	et further review.	
MECHANICAL MALFUNCTION/		-	, continue on sepa	rate sheet)	Tatal Time (Cooler
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, part					Total Time/Cycles On Part
					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFORMAT	ON				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87	O 115/145	• Let D	O Other anosify	
70 Gallons	• 100 Low Lead	O Jet A	O Jet B O JP8	O Other, specify	
Other Services, if Any, Prior to Departure	O 100/130	O Jet A-1	O Automotive		
Other Services, if Any, Thor to Departure	-				
EVACUATION OF AIRCRAFT					
Was an emergency evacuation of the aircr	aft parformad?	□ Yes □ N	、		
Method of Exit – Describe how the occupar	•				
Exited through left door					
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occurred	, complete this sec	tion for other aircraf	t)
Aircraft Registration Number Manufact	urer:				age to Other Aircraft
Model:					estroyed I Minor ubstantial None
Registered Owner of Other Aircraft		Pilo	t of Other Aircraft	•	
Name:		Nam			
City:		City State	:	ZIP:	
Country:		Cou	ntry:		

ADDITIONAL INFORMATIO	N (Please type or print in ink)
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Use this space if additional space is needed for any answers.

Photos attached in Memorandum for Record dated April 27, 2019.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE									
Date of this Report	Name of Pilot/Operator: Charles R. Thompsen								
05/17/2019									
mm/dd/yyyy	<i>mm/dd/yyyy or</i> Check here to electronically sign this document								
If a Person Other than Pilot/Operator is Filing Report									
Name: Title:									
or Check here to electronically sign this document									
FOR NTSB USE ONLY									
NTSB Accident/Incie GAA19CA227	lent No.	Reviewed by NTSB Regional Office GAAID	Name of Investi HICKS	gator	Date Report Received 17MAY2019				