	This form		NATIONA I/OPERATO sed for repo		RCRA	FT ACCI	DE	NT/INCI	DENT F	REPOR		ents		
BASIC		TION							12.393	6.895				
	t/Incident Loc		<u> </u>	<u></u>			Acc	cident/Incide	ent Date/T	ìme	<u></u>	<u> </u>		
	City/Place: Mara				State: T	<u>x</u>	Date		2, 2018	Loc	al Time: <u>1</u>	1;00 aprox	(
ZIP: 762	<u>234</u> C	Country: USA	۸		- <u></u>			mm/dd/				dt		
Latitude:			Longitude:							110	ne zone: <u>C</u>	<u></u>		
			egrees:minutes:seco				Co	llision with (Other Airo	eraft: O	Midair	OOn-groun	d 🗿 None	
AIRCF	RAFT INFO	RMATION	N											
Registra	ation Number:	N73BH						🗖 IFR-Equip						
Manufa	cturer: kitfox		····					Unmanned		····				
Model:	3			<u></u>			M	aximum Gro	oss Weigh	t: unk		lbs		
Serial N	umber: unk						W	eight at Tim	e of Accid	ent/Incio	lent: <u>unk</u>	:	lbs	
Year of	Manufacture:	unk					Nt	umber of Sea	its: 2		Flight Cre	w Seats:		
Amateu	r-Built: OYes	If Yes: 🤇	Kit/Plans Mak	e: kitfox				bin Crew Seats						
	ONo		Original Design				Nı	umber of En	gines:		<u> </u>			
Catego	ry of Aircraft		irworthiness Cer	rtificate		Landing Ge					Type (Se		d Deal	
Airpla O Rallo		(Check all ti Standari				(Check all tha		p(y) actable		O Recip O Turb	procating o Shaft	O Liqui O Solid	d Rocket Rocket	
	OBalloon Standard Special OBlimp/Dirigible Domain Restricted					Tricycle	NGU		ilwheel	O Turb	o Prop	O Hybr	/brid Rocket	
OGlide	r	Acroba	_							OTurb OTurb		ONone OUnkn		
OGyrop OHelice		Balloo				Amphibia Emergenc			igh Skid tid	O Turb O Elect		Ouki	iown	
OPowe	red Lift	🗖 Transp	ort Experim	nental		Float		⊡Sk	ci					
ORocke OUltral		🗖 Utility	Special			Hull			i/Wheel	-		(Reciprocation		
OUnkn	•		e of Authorization		-	_	unch	/Recovery Sys		OCarb	uretor	O Fuel-	Injected	
		None		Jnknown	, , , , , , , , , , , , , , , , , , ,	None 🗹	,		nknown		m	—	<u></u>	
	Engine				Manufacture			Date of Mfg.	Rated Power • Horsepower or		Total Time	Time Inspection	Since: Overhaul	
Engine	Engine Manufa	acturer	Model/Series		Serial	Number		mm/dd/yyyy	O lbs of	Th <u>rust</u>	(hours)	(hours)	(hours)	
Eng. 1	rotax		912		unk			unk	unk		unk	unk	unk	
Eng. 2								·····		<u>. </u>		 		
Eng. 3	······································								<u>.</u>		<u>↓</u>	<u> </u>		
Eng. 4	L			Propell	1 er 1	OFixed I			Prop	eller 2		Fixed Pitch	4	
	spection Type					OContro OGround	llabl	le Pitch	•		-	Controllable		
O100-H		tinuous Airwo ditional Inspe				OGround			Man	ufacturer	-	Ground Adju		
OAnnu	-			1										
Date L	ast Inspection:	UNN	(⊙Yes C						Check all tha		
	-	mm/dd/y	<i>yyy</i> .	If Yes:	statieu:		J 110			DS-B			······································	
	ne Total Time:		<u>hrs</u>	ELT M:	nufactu	rer: UNV	5			frame Par		~-		
	rs measured at (Last Inspection		Accident/Incident	Model o	r Part N	0.:				gie of Atta topilot	ick Indicate	01		
	f Maintenance			TSO No		(121.5 MHz)	009	91a (121.5 MH	z) 🗖 Da	ta Recorde		Handbald D	avice	
O Anni		i rogram (S	ereci unej	-	-	26 (406 MHz)		AV 01			ight Bag or ultifunction	r Handheld D n Display	EVICE	
O Cone	ditional (Amateur-			Was EL Was EI	T still m T still co	ounted in aircr	att? enna	OYes ONC		ectronic Pr	imary Fligl			
	ufacturer's Inspec r Approved Inspe		(AAIP)			te? OYes C			∐Ha	ndheld GF ads Up Di				
	inuous Airworthi		i (circui)	If activ			Heads Up Display							
O Othe	r, specify:			4		Locating Aircr	aft:	UYes ONe	1		king Devid	ce		
	ption of Fire E	xtinguishing	g System		ctivated: Reason			(18)		all Warnin; deo Recor	g System ding Devic	e		
O Nor O Spe				mulcate	. AC43011	Impact D: □ Fire Dam			_	her, Speci				
						🗖 Battery E	xpir	ed/Damaged						
1						🗹 Unknown	1							

PLEASE CONTACT OWNER FOR ALL AMOVE INFO

"FLIGHT CREWMEN	IBER 1" INFO	RMATION	<u>[</u>						ene din de	al an Arthur a	
"Flight Crewmember 1" R O Pilot O Co-Pilot	esponsibilities at th O Student Pilot	e Time of Ac OFlight Instr			O Flight	Engineer	O Other Fl	ight Crew			
"Flight Crewmember 1" w	as pilot flying 🛛	Yes 🔲 No									
"Flight Crewmember 1" Ic	entification										
First Name: donald				Cit	y of Resi	dence:					
Middle Initial: <u>r</u>				Sta	te:		Z	IP:			
Last Name: glittenberg					untry:						
Age at time of	f Accident/Incident:		Date of Bir			mm	/dd/yyyy		· · · · · · · · ·	1	
- 6			ficate Numbe								
Degree of Injury	Seat Occupied				aint Typ	e		I	nflatable R	estraints	
• None • Fatal		vailable		Jsed							
O Minor O Unknown O Serious	Right O Center	O Rear O Single			O None O Lap onl		O None O Lap only		☑ Not Insta ☐ Installed	(
Pilot Certificate(s) (Check	ll that apply)				3-point		O 3-point ⊙ 4-point		□ Not Dep □ Deploye		
□ None □ Flight □ Private □ Recre □ Student □ Sport	ational 🗖 Air	mmercial dine Transport ght Engineer	☐ US Milit ☐ Foreign	ary (4-point 5-point Unknov 	vn	O 5-point O Unknown	1	Unknow	n	
										Madical	
Principal Occupation	Medical Certificat			1		ficate Vali		known	Date of Last	Ancuical	
 Pilot Other Unknown 	O Class 1 O L	Class 3 Driver's License Unknown	e (Sport Pilot or	nly) ÖWi		tations/waive ons/waivers nce	0 N/.	A	march 201 mm/dd/yy		
Medical Certificate Limita											
none											
Medical Certificate Specia n/a	l Issuance										
Date of Last Flight Review	r	Flight F	Review Aircr	aft							
or Equivalent, Including FAR 121/135 Checks:	5/5/2017	Make: T	AYLORCRA	AFT							
FAR 121/155 Cheeks.	mm/dd/yyyy	Model: _	_2A								
Airplane Rating(s)	Other Aircraft	0.0		nt Rating(s)		Instructor	- · ·				
(Check all that apply)	(Check all that app	oly)	(Check all i	that apply)	pply) (Check all that apply) □ Instrument Airplane					Aimlane	
☐ None ☑ Single-Engine Land	☑ None □ Airship		☐ None ☑ Airplan	e	Airplane Single-Engine Instrument Helico						
Single-Engine Sea	🗖 Balloon		Helicop	ter	☐ Airplane Multi-Engine ☐ Helicopter ☐ Gyroplane ☐ Glider						
 Multiengine Land Multiengine Sea 	Glider		D Powere	a Lin	Powered Lift Sport					1	
	☐ Helicopter ☐ Powered Lift										
Type Ratings	D Powered Lin					Student E	ndorsemen	ts (Include	dates)		
B-727, B-757, B-767, DC-6,	DC-7, L-382, L-1011	, MD11									
			Airplane			Inst	rument			Lighter	
		This Make	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
Flight Time (Enter appropri number of hours in each box)	ate All Aircraft	& Model	Lugine								
		& Model 130	5,000	13,000	6,000	10,000	200			 	
number of hours in each box)	Aircraft 20,000 10,000			10,000	6,000	10,000	200		<u> </u>		
number of hours in each box) Total Time	Aircraft 20,000	130	5,000		6,000) 10,000	200				
number of hours in each box) Total Time Pilot in Command (PIC)	Aircraft 20,000 10,000 600	130 130	5,000	10,000 600	6,000) 10,000	200				
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Aircraft 20,000 10,000 600 35	130	5,000	10,000	6,000) 10,000	200				
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Aircraft 20,000 10,000 600	130 130	5,000	10,000 600	6,000) 10,000	200				

DAMAGE TO AIRCRAFT A	ND OTHER PR	OPERTY		
Aircraft Damage O None O Substantial O Minor O Destroyed O Unknown	 Aircraft Fire ● None ● In-Flight ● 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 a	nd Other Property	(Use additional sheet if necessary)		
SUBSTANTIAL DAMAGE TO GEA	R, WINGS, FUSEL	AGE, ENGINE, COCKPIT, PROP	ELLOR, FLIGHT CO	ONTROLS, WINDSHIELD,
NARRATIVE HISTORY OF FLI				
Describe what occurred in chronolo wreckage distribution sketch if pertin destination. Provide as much detail as	ent. Attach extra she	ng circumstances leading to and nat ets if needed. State departure time an	d and location, service	ent. Describe terrain and include is obtained, and intended
AT APROX 11AM, WEDNESDAY I RANCH, ON TAKEOFF AT APRO APPLIED FULL AILERON AND RU RIGHT STRIKING THE GROUND REDUCED THE FINAL CONTACT HARNESSES OTHER WISE WE W MADE A HASTY EXIT.	KIMATELY 15 FT A JDDER IN THE OP WITH THE RIGHT WITH THE GROU VOULD HAVE BEE	BOVE THE RUNWAY THE AIRC POSITE DIRECTION BUT THE A WING AND CRASHING INTO A ND. FORTUNATELY BOTH OCC N SEVERLY INJURED. SINCE I	RAFT ROLLED VIO NIRCRAFT CONTINU MESQUITE TREE W CUPENTS WERE WI FUEL WAS POURIN	LENTLY TO THE RIGHT. I JED TO ROLL TO THE /HICH SUBSTANTIALLY EARING SHOULDER IG FROM THE WINGS WE
PLEASE CONTACT MR. BEAUGO	DIS FOR DETAILS	CONCERNING THE SERIAL NUI /E THAT INFOMATION, I'M 500 N	MBER, HOURS ON MILES FROM THE A	AC/ENGINE, ETC. AS HE IS CCIDENT AC.

						(Pleas					

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

	THE ABOVE INFORMATION IS COMPL		SEST OF MY KNOWLEDGE
Date of this Report Name o	f Pilot/Operator DONALD R. GLITTEN	BERG	
MAY 5, 2018 Signatu	re:	·	
mm/dd/yyyy	- Check here to electronically sign this	document	
f a Person Other than Pilot/C	perator 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
CEN18LA157	Central Region	Lemishko	May 12 2018